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Australian Healthcare Associates Pty Ltd was commissioned by the Australian Government to undertake this review and produce the resulting report.
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<th>Definition</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAR</td>
<td>Aged Care Assessment Round</td>
</tr>
<tr>
<td>ACAS</td>
<td>Aged Care Assessment Service</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team (ACAS in Victoria)</td>
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<tr>
<td>ACP</td>
<td>Advance Care Planning</td>
</tr>
<tr>
<td>ACSC</td>
<td>Aged Care Sector Committee</td>
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<tr>
<td>ACSIHAG</td>
<td>Aged Care Service Improvement and Healthy Ageing Grants Fund</td>
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<tr>
<td>AHA</td>
<td>Australian Healthcare Associates</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>BIDS</td>
<td>Bulk Information Distribution System</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CDC</td>
<td>Consumer Directed Care</td>
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<tr>
<td>CHSP</td>
<td>Commonwealth Home Support Program</td>
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<tr>
<td>COTA</td>
<td>Council on the Ageing</td>
</tr>
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<td>CVS</td>
<td>Community Visitors Scheme</td>
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<tr>
<td>DACS</td>
<td>Dementia and Aged Care Services</td>
</tr>
<tr>
<td>DBMAS</td>
<td>Dementia Behaviour Management Advisory Service</td>
</tr>
<tr>
<td>FECCA</td>
<td>Federation of Ethnic Communities Councils Australia</td>
</tr>
<tr>
<td>HARN</td>
<td>Healthy Ageing Reference Network</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
</tr>
<tr>
<td>NACA</td>
<td>National Aged Care Alliance</td>
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<td>NACAP</td>
<td>National Aged Care Advocacy Program</td>
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<td>NACDC</td>
<td>National Aged Care Data Clearinghouse</td>
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<tr>
<td>NACWCS</td>
<td>National Aged Care Workforce Census and Survey</td>
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<tr>
<td>NARI</td>
<td>National Ageing Research Institute</td>
</tr>
<tr>
<td>NCAN</td>
<td>National CALD Ageing Network</td>
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<tr>
<td>NCCCDN</td>
<td>National Cross Cultural Dementia Network</td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<tr>
<td>NMES</td>
<td>Non-Main English-Speaking</td>
</tr>
<tr>
<td>NPCP</td>
<td>National Palliative Care Projects</td>
</tr>
<tr>
<td>NSAF</td>
<td>National Screening and Assessment Form</td>
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<tr>
<td>OPAN</td>
<td>Older Persons Advocacy Network</td>
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<tr>
<td>PCA</td>
<td>Palliative Care Australia</td>
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<tr>
<td>Abbreviation</td>
<td>Definition</td>
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<tr>
<td>PICAC</td>
<td>Partners in Culturally Appropriate Care</td>
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<td>RAS</td>
<td>Regional Assessment Service</td>
</tr>
<tr>
<td>RPC</td>
<td>Respecting Patient Choices project</td>
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<tr>
<td>SBRTs</td>
<td>Severe Behaviour Response Teams</td>
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<tr>
<td>STRC</td>
<td>Short-Term Restorative Care</td>
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<tr>
<td>The Act</td>
<td><em>Aged Care Act 1997</em></td>
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<tr>
<td>The Department</td>
<td>Department of Health</td>
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<tr>
<td>The Diversity Framework</td>
<td>Aged Care Diversity Framework</td>
</tr>
<tr>
<td>The Government</td>
<td>The Australian Government</td>
</tr>
<tr>
<td>The CALD Strategy</td>
<td>The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse backgrounds</td>
</tr>
<tr>
<td>TIS National</td>
<td>The National Translating and Interpreting Service</td>
</tr>
</tbody>
</table>
1. Executive summary

1.1. Overview

The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy) was released by the Australian Government (the Government) in December 2012, as part of a wider aged care reform process designed to increase sector accountability and consumer information, choice and control. It is guided by a set of principles which provide a framework for the delivery of aged care that is responsive to the cultural, linguistic and spiritual needs of the consumer. The CALD Strategy was given a five-year implementation timeframe (to 30 June 2017).

This report reviews the actions undertaken to implement the principles and goals of the CALD Strategy, and considers stakeholders’ perspectives on the success of the CALD Strategy as well as opportunities for improvement.

1.2. Methods

The review process included:

- Collation of activities relating to the goals and action areas defined in the CALD Strategy
- Analysis of responses to an online survey conducted between 28 March and 28 April 2017 (288 respondents)
- Analysis of written submissions to a consultation paper received between 28 March and 1 May 2017 (36 submissions)
- Facilitation of three focus groups.

Stakeholders engaged in the review process included aged care service providers, peak bodies and individuals.

1.3. Key findings

1.3.1. Achievements

Stakeholders were encouraged by the Government’s commitment to improving aged care for CALD communities (as evidenced by the CALD Strategy) and the increased awareness within the sector that the CALD Strategy fostered.

Stakeholders were generally supportive of the principles and goals of the CALD Strategy. The CALD Strategy was considered to have supported the aged care sector in better understanding and meeting the needs of people from CALD backgrounds by building on previous efforts of the department and other stakeholders.

A wide range of activities have been undertaken through the CALD Strategy, with the following areas identified by stakeholders as highlights:

- CALD sector representation on national and sector advisory groups and working parties
- CALD sector input to aged care policies, procedures and aged care reforms
- Expansion of access to language and interpreting services
1. Executive summary

− Funding for CALD-specific programs, projects, workforce development and specialist services
− Specific focus through the Community Visitors Scheme (CVS) and National Aged Care Advocacy Program (NACAP)
− Funding of Partners in Culturally Appropriate Care (PICAC) organisations in each state to provide training and capacity building activities, and to help link older CALD people with the aged care system
− Increased awareness of the value of employing bilingual and bicultural workers.

1.3.2. Challenges and opportunities for improvement

Responses to the survey suggest a disparity between organisational and individual views regarding the perceived inclusiveness of aged care services, suggesting a disconnect between the experiences of various stakeholder types and/or a lack of effective sector-wide communication regarding the CALD Strategy and its achievements.

Other challenges and opportunities for improvement identified by stakeholders included:

• Ensuring that data and monitoring systems are in place to provide meaningful, disaggregated data to support service planning and resource allocation
• Understanding and acknowledging the ‘diversity within the diversity’ for CALD populations, and recognising and responding to different cultural needs and shifting demographics
• Recognising the additional supports required to ensure that people from CALD backgrounds have equitable access to services, and to enable them to exercise informed choice
• Translating improved knowledge (gained through training) into changes in organisational culture and practice
• Acknowledging and supporting the unique needs of carers.

1.4. Considerations for development of the Aged Care Diversity Framework

Stakeholders agreed that the principles and goals of the CALD Strategy remain relevant in addressing the ongoing challenges in ensuring the aged care system meets the needs of CALD people, and felt that these should be included within the new Aged Care Diversity Framework (the Diversity Framework). There was strong support for ensuring that momentum gained through the CALD Strategy is not lost, and that the CALD action plan within the Diversity Framework is sufficiently detailed to ensure that CALD-specific issues are not ‘diluted’ in the broader Diversity Framework.

Broadly, stakeholders suggested that the Diversity Framework should:

• Support ongoing culture change within the sector to further improve the inclusiveness and appropriateness of aged care services for CALD consumers
• Recognise the ‘diversity within diversity’ among CALD aged care consumers and support those most vulnerable and/or disadvantaged (e.g. rural and remote CALD individuals and other intersecting special needs groups) and for whom recent gains have been less evident (e.g. emerging CALD populations)
1. Executive summary

- Facilitate access to the system in a way that is inclusive and appropriate, and address current barriers to information, access and disclosure presented by the My Aged Care system, Aged Care Assessment Teams and Regional Assessment Services
- Acknowledge and support the role of carers
- Highlight the importance of an appropriately diverse and adequately trained workforce
- Support self-advocacy as a way of enabling consumers to exercise choice
- Facilitate relevant research to inform best practice.
2. Introduction

2.1. Inclusive aged care

2.1.1. Background

Australia, like many other countries, faces the challenge of caring for an ageing population. This challenge is compounded by the fact that Australia is a vibrant, multicultural society with a diverse range of service needs influenced by a range of factors (including culture, language, age, sex, religion, socio-economic status, and geographical location, among others).

Meeting the needs of the various subgroups of the ageing population is a particular challenge for aged care providers. These groups include the ‘special needs’ groups identified in the Aged Care Act 1997: Aboriginal and Torres Strait Islander peoples; people from a CALD background; people who live in rural and remote areas; veterans; people who are homeless or at risk of being homeless; people who are care leavers; and people from lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, among others.

Aged care service providers also have a range of organisational structures, interests and values depending on whether they are owned and managed by local governments, private corporations, not-for-profit or religious organisations. This influences their approach to meeting care recipients’ needs (Chomik & MacLennan 2014). Policy and funding contexts also vary across states and territories.

The scale of need among the CALD component of the ageing population is evident from current population characteristics. In 2011, more than one quarter (27%) of the Australian population was born overseas – 18 per cent from ‘non-main English-speaking’ (NMES) countries. Among those aged over 65, more than one third (36%) were born overseas, including 22 per cent from NMES countries (Australian Institute of Health and Welfare 2014). In 2015, three in ten people in permanent residential aged care were born overseas (18% in NMES countries), and 13 per cent spoke a language other than English at home (Australian Institute of Health and Welfare 2017).

The size of the older Australian population from NMES countries is also growing more quickly than that of the total older population (Supporting older people from culturally and linguistically diverse backgrounds 2013).

2.1.2. Issues in aged care for CALD communities

The CALD population is extremely heterogeneous (Rao et al. 2006, Radermacher et al. 2009), with large variations in country of origin, English language proficiency, length of time in Australia, reasons for migration, post-migration experiences, age, sex, religion, socio-economic status and geographical location. All of these factors are relevant to the provision of appropriate aged care (Supporting older people from culturally and linguistically diverse backgrounds 2013).

The composition of the CALD population is also evolving over time as patterns of migration change and new cultural and linguistic communities emerge around Australia (Australian Institute of Health and Welfare 2014). This presents particular challenges in relation to planning appropriate service delivery into the future.

There are numerous considerations in ensuring access to and providing appropriate aged care to people from CALD backgrounds (see Table 2-1). Individuals’ awareness of services available may be limited by literacy and communication issues. Cultural factors may also limit awareness or use of the formal
services available, particularly in the cultures where informal care by members of the family and community is the norm (Yeboah 2015, Tsianikas et al. 2011, Runci et al. 2005, Radermacher et al. 2009). People born in NMES countries tend to use home and community-based aged care services at higher rates than those born in Australia or main English-speaking countries, and this is reflected in the fact that English is the preferred language for nine in ten residential aged care recipients (Australian Institute of Health and Welfare 2014).

Table 2-1: Barriers to access and use of aged care services by people from a CALD background

<table>
<thead>
<tr>
<th>Broad area</th>
<th>Barrier</th>
<th>Aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural</td>
<td>Attitudes to family and caring responsibilities</td>
<td>• Roles of women</td>
</tr>
<tr>
<td></td>
<td>Communication difficulties, related to English proficiency</td>
<td>• Cultural norms that prevent men from engaging with services</td>
</tr>
<tr>
<td></td>
<td>Beliefs, behaviours and preferences</td>
<td>• Negative views about ‘relinquishing care’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Capacity to express needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participation in assessment and other processes</td>
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<tr>
<td></td>
<td></td>
<td>• Views on health and disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Propensity to use formal care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fear of ‘authorities’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Concerns about privacy, especially in the use of interpreters</td>
</tr>
<tr>
<td>Structural</td>
<td>Awareness of the Australian community care and service system</td>
<td>• Lack of awareness of the availability of services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of accessible information (i.e. information in appropriate languages, and information marketed appropriately)</td>
</tr>
<tr>
<td>Assessment/service related</td>
<td>Cultural appropriateness Service providers Lack of services Negative attitudes</td>
<td>• Assessment instruments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of cultural competence and a culturally diverse workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of experience using, or failure to use, interpreters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perception of CALD consumers as posing additional costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emerging communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intolerance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prejudice</td>
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<tr>
<td></td>
<td></td>
<td>• Discrimination</td>
</tr>
<tr>
<td>Additional issues</td>
<td>Individual experiences</td>
<td>• Dementia, resulting in the loss of some acquired language and other skills</td>
</tr>
<tr>
<td></td>
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<td>• Post-traumatic stress, including</td>
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2. Introduction

<table>
<thead>
<tr>
<th>Broad area</th>
<th>Barrier</th>
<th>Aspects</th>
</tr>
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<tr>
<td></td>
<td></td>
<td>• Loss of culture and intergenerational culture change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased isolation with reduced networks, as peers die</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rural or remote location</td>
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Reference: Australian Institute of Health and Welfare 2014

In some cases, to overcome these barriers, ethno-specific services have been developed to meet the needs of particular CALD groups. However, given the size and heterogeneity of the Australian CALD population, such services may not always represent the most appropriate option for individuals or communities (Radermacher et al. 2009). In line with current policy emphasising consumer choice and control, both culturally-sensitive mainstream services and ethno-specific services are important elements of the Australian aged care landscape.

In the current CALD Strategy (see below), culturally and linguistically appropriate care is defined as ‘targeted care which is reflective of and responsive to the cultural, linguistic and spiritual needs of the person. It uses cultural and linguistic characteristics, experiences and perspectives of ethnically diverse people to deliver aged care services more effectively’ (Commonwealth of Australia Department of Social Services 2015, p. 4).

2.2. The CALD Ageing and Aged Care Strategy

2.2.1. Background

Older Australians display the same diversity in gender, culture, race, religion, language, health, economic status and geographic location as the broader Australian population. Over recent years, as the Australian aged care sector has evolved, the specific care needs of individuals have become an increasing focus of policy development and service provision.

In 2011, the Productivity Commission released its Inquiry Report, Caring for Older Australians (Productivity Commission 2011). The report noted the need to ensure that aged care services cater appropriately for diversity. In response to issues raised in this report, the Australian Government introduced the Living Longer, Living Better Aged Care Reform Package in 2012. This included support to assist older Australians with diverse needs, as well as their families and carers, to access information and services appropriate to their backgrounds. The reform package was passed with bipartisan support. As part of these reforms, extensive community consultations were conducted and the CALD Strategy was developed. The CALD Strategy was supported by the National Aged Care Alliance (NACA) and released by the department in December 2012. Following the change of government in September 2013, the CALD Strategy was endorsed by the new government, with the only change being the replacement of annual implementation reporting with this end-of-Strategy implementation report.

2.2.2. Principles

The CALD Strategy is guided by a set of principles which provide a framework for CALD inclusion across aged care and related areas. The principles are designed to assist aged care providers in considering
2. Introduction

CALD-appropriate service delivery within their own organisations. These principles provide the foundation for the CALD Strategy’s goals and action areas. Table 2.2 maps the CALD Strategy’s principles and goals.
### Principles

**CAPACITY BUILDING**
Individuals from CALD backgrounds & CALD communities have the capacity to both articulate their ageing & aged care needs & be involved in the development of services & the workforce to meet these needs.

**QUALITY**
Care & support services are appropriate to the needs of older people from CALD backgrounds, their families & carers & are assessed accordingly.

**ACCESS & EQUITY**
All areas of ageing & aged care understand the importance of & deliver culturally & linguistically responsive care.

**EMPOWERMENT**
Older people from CALD backgrounds, their families & carers are supported & have the knowledge & confidence to maximise their use of the aged care system.

**INCLUSION**
The needs of older people from CALD backgrounds, their families & carers are included in the development of Australian Government ageing & aged care policies & programs on an ongoing basis.

### Goals

**Goal 1**
CALD input positively affects the development of ageing & aged care policies & programs that are appropriate & responsive.

**Goal 2**
Achieve a level of knowledge, systems capacity & confidence for older people from CALD backgrounds, their families & carers to exercise informed choice in aged care.

**Goal 3**
Older people from CALD backgrounds are able & have the confidence to access and use the full range of ageing & aged care services.

**Goal 4**
Monitor & evaluate the delivery of ageing & aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families & carers.

**Goal 5**
Enhance the CALD sector’s capacity to provide ageing and aged care services.

**Goal 6**
Achieve better practice through improving research & data collection mechanisms that are inclusive of cultural & linguistic diversity in the ageing population.

### Actions

- See page 15
- See page 20
- See page 30
- See page 34
- See page 38
- See page 40
2. Introduction

2.3. The Aged Care Diversity Framework

With ongoing reforms to the aged care system, particularly around increasing consumer choice and control, there is a need for a more strategic and systematic approach to addressing the care needs of older people with diverse characteristics and life experiences.

At its conclusion, the CALD Strategy is set to be replaced by a broader, overarching Aged Care Diversity Framework. The Diversity Framework is intended to address the systemic barriers to accessing aged care services faced by diverse groups, with a special focus on people with diverse characteristics and life experiences as detailed below:

- Aboriginal and Torres Strait Islander people
- People from CALD backgrounds
- LGBTI people
- People who live in rural, remote or very remote areas
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless or at risk of becoming homeless
- Care-leavers
- Parents separated from their children by forced adoption or removal
- People with a disability
- People with mental health problems and mental illness
- People living with cognitive impairment, including dementia.

This approach recognises the diversity within and overlap between the identified diverse groups. The Diversity Framework will be based on a set of priorities and imperatives that will drive change, and will be supported by separate action plans to ensure issues specific to CALD, LGBTI, Aboriginal and Torres Strait Islander people, and other diverse groups, are addressed (Department of Health 2017). In this way, the Diversity Framework recognises the shared challenges faced by individuals with diverse characteristics and life experiences, while the action plans will focus more on the specific needs of particular communities and will be ‘living documents’ to allow for ongoing flexibility.

The Aged Care Sector Committee (ACSC) established a Diversity sub-group to provide advice on the development of the Framework. Overseen by the sub-group, the development of the Diversity Framework and action plans will be informed by feedback from sector consultations.

It is envisaged that the Diversity Framework will be a living document, and initial action plans will be developed to focus on the particular needs of those from CALD backgrounds as well as Aboriginal and Torres Strait Islander people and LGBTI consumers.

It is expected that the Diversity Framework will be completed by December 2017, and action plans by May 2018.
2. Introduction

2.4. Purpose of this review

The implementation of the CALD Strategy was designed to take place over a five-year period (to 30 June 2017). The purpose of this review is to report on the progress of the department in implementing the CALD Strategy. In addition to identifying its successes, the review documents lessons learned from the implementation of the CALD Strategy and highlight areas in which further efforts are required. This will assist in the development of the new Diversity Framework.

The current goals of the CALD Strategy will remain in place until the Diversity Framework is finalised. Work on specific action areas for these goals will also be ongoing.

2.5. Review approach

Work on the review by the Department of Health (the department) commenced in December 2016 in consultation with the CALD Working Group (see Appendix A). It was agreed that the review would report on the department’s progress in implementing the CALD Strategy, and also identify gaps and areas where more needs to be done.

Subsequent steps in the review included:

- Ministerial announcement of the consultation on the CALD Strategy through the department’s Consultation Hub, comprising:
  - A survey (28 March – 28 April 2017)
  - A template for written submissions (28 March – 12 May 2017)
  - Promotion of the consultation via media release, the Bulk Information Distribution System (BIDS), the department’s Twitter feed, and through CALD Working Group members’ networks.
- Engagement of Australian Healthcare Associates (AHA) to:
  - Analyse the survey results and submissions feedback
  - Conduct three additional focus groups to explore stakeholder feedback (held between 2 June and 6 June 2017 in Melbourne, Sydney and via teleconference)
  - Write the review report (with input and feedback from the CALD Working Group).

2.5.1. Summary of stakeholder input

Through the consultation process, stakeholders had an opportunity to provide input to:

- Achievements of the CALD Strategy in relation to its principles, goals and actions
- Lessons learned and suggestions for improvement
- Considerations for the development of the Diversity Framework.

Survey

The survey was completed by 288 respondents, comprising 225 representatives of organisations and 63 individuals. Key survey findings are incorporated throughout the report, with detailed analysis provided in Appendix C.
2. Introduction

Submissions

Overall, 36 submissions were received. A total of 34 submissions were from organisations, with the remaining two from individuals. Details are provided in Table 2-2.

<table>
<thead>
<tr>
<th>Stakeholder</th>
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<td>9</td>
</tr>
<tr>
<td>Grand Total</td>
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</tr>
</tbody>
</table>

*Organisations identified as ‘Other’ include multicultural organisations, local governments, health professional organisations, specialist health services and research/advisory organisations.

Focus groups

AHA convened three focus groups with a total of 13 participants, including a mix of service providers and peak organisations (nominated by the department and the CALD Working Group). Through the focus groups, the successes, challenges and lessons learned from the CALD Strategy’s implementation were explored in more detail.
3. Implementation of goals and actions
3. Implementation of goals and actions

3.1. Introduction

The CALD Strategy has six strategic goals, each with a number of specific action areas designed to give practical effect to the goals.

While the goals defined within the CALD Strategy were intended to provide a sector-wide framework for improvement, the action areas were primarily the responsibility of the department. This chapter provides information regarding activities undertaken in each action area.

Due to a lack of performance indicators attached to specific goals or action areas, accurate measurement of outcomes arising from the CALD Strategy is challenging. The discussion in this chapter focuses primarily on activities and outputs related to the CALD Strategy.

Note that where relevant, activities may be listed under multiple action areas. Stakeholder perspectives on implementation are discussed in chapters 4 and 5.

Goal 1

CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.

Action Area 1.1: Establish and use existing CALD consultative mechanisms on an ongoing basis to engage on the breadth of aged care issues, as well as on enabling mechanisms such as communications strategies

The department addressed this action area through a number of mechanisms. In 2015, the Ageing and Aged Care CALD Working Group (CALD Working Group) was established to advise on the implementation of the CALD Strategy. The CALD Working Group has provided an important source of expertise and advice on CALD issues relevant to the aged care system.

In addition to regular meetings of the CALD Working Group, the department has ensured that CALD input is provided through other consultative mechanisms, including:

- The National Aged Care Alliance (NACA) Advisory Groups
- The ACSC Communications and Engagement Advisory Group, which has been expanded to include representation by a member of the CALD Working Group
- The ACSC Diversity subgroup
- The My Aged Care Gateway Advisory Group
- the Single Quality Framework Standards Technical Advisory Group
- the CHSP Advisory Group
- the Aged Care Complaints Commissioner’s Consultative Committee
3. Implementation of goals and actions

Funding support was provided to the Federation of Ethnic Communities Councils Australia (FECCA) to establish the Healthy Ageing Reference Network (HARN), which aims to:

- Provide a holistic and innovative model of thinking to inform policy, planning and practice development and implementation
- Facilitate engagement with CALD community groups, older CALD people and service providers
- Advocate on behalf of older people from CALD backgrounds

The PICAC program is funded by the Australian Government to help older people from CALD backgrounds to understand and access the aged care system, and assist service providers to provide appropriate aged care to CALD consumers. PICAC is discussed in more detail under Action Area 4.6.

Action Area 1.2: Include and support CALD sector advocates in ageing and aged care program development and review consultative mechanisms, including discussions regarding implementation of aged care reform including:

- National Aged Care Advocacy Program review
- Dementia review
- Diversity-focused elective modules for My Aged Care training packages

A number of activities were undertaken to address this action area:

- Grassroots consultations with CALD consumers in metropolitan and rural/regional areas were conducted by HARN, and have fed into FECCA’s funded national coordination activities, including policy development and advice
- CALD-focused service providers and stakeholders were invited to:
  - Attend aged care sector briefings
  - Attend the roadshow detailing the Commonwealth Home Support Program (CHSP)
  - Provide input to discussion papers on topics such as CHSP, Increasing Choice in Home Care reforms, and the Short-Term Restorative Care (STRC) Program
- CALD representation on the ACSC Communications and Engagement Advisory Group has contributed to discussions about communications and engagement matters relevant to the implementation of recent and upcoming aged care reforms
- The CALD Working Group has provided feedback on all of these issues and also had specific feedback sessions with the My Aged Care operations team and the team implementing the Increasing Choice in Home Care reforms
- CALD organisations regularly participate in other consultative mechanisms administered by the department, including the ACSC Diversity subgroup, the ACSC Communications and Engagement subgroup, the My Aged Care Gateway Advisory Group, the Single Quality Framework Standards Technical Advisory Group, the CHSP Advisory Group, and the Aged Care Complaints Commissioner’s Consultative Committee
- The 2015 Analysis of Dementia Programs held consultations around Australia which were open to all interested parties. A number of CALD peak organisations and providers attended those consultations and made formal submissions. Additionally, FECCA and some CALD-specific aged care providers have participated in the annual Ministerial Dementia Forums
3. Implementation of goals and actions

- The PICAC program has provided an important and useful opportunity for CALD advocates’ involvement in aged care planning. Most PICAC providers are broader CALD-focused organisations providing a range of services to CALD people in their respective states and territories. In addition to CALD consumers, PICAC providers often have regular contact with other family members and wider communities. The PICAC providers (one in each state and territory) have recently formed the PICAC Alliance, focusing their ability to discuss and consult on broader aged care reform.

Action Area 1.3: Develop initiatives in dementia assessment/early diagnosis services, acute care, respite care and palliative care that are inclusive of and responsive to the needs of older people from CALD backgrounds

Dementia assessment and early diagnosis are key deliverables for the National Dementia Training Program, which commenced on 16 October 2016. This program was developed after the 2015 Analysis of Dementia Programs found a wide divergence in the quality of existing programs, and replaces the four different providers previously funded in this space. Addressing the needs of CALD consumers is one of the key performance indicators for this program.

Through the Dementia and Aged Care Services (DACS) Fund, the department has supported a number of dementia assessment/early diagnosis and management activities that aim to benefit people from CALD backgrounds, including:

- Continued funding of the National Cross Cultural Dementia Network (NCCDN), established with the assistance of FECCA
- Funding to continue delivery of the WA Dementia Behaviour Management Advisory Service (DBMAS) Speaking My Language workshops
- Continued funding of the Alzheimer’s Australia National Dementia Helpline, which includes access to interpreting services, as well as fact sheets in 32 languages
- A dementia-focused newsletter produced by the National CALD Ageing Network (NCAN)
- Alzheimer’s Australia video and radio campaigns in a range of community languages, including:
  - Video
    - There’s a difference, which aims to show the difference between forgetting something once and forgetting it many times, which helps show people what dementia or cognitive impairment may look like (12 languages)
    - Our Stories, which depict both the bond between a career and their partner with dementia, and the emotional cost. The series aims to help communities achieve a greater understanding of dementia and remove stigma in CALD communities (2 languages)
    - It’s not a disgrace... it’s dementia, a short film to raise awareness, reduce stigma, and dispel myths about dementia within CALD communities, including a special focus on the Arabic-speaking community. The film features personal accounts of carers of people living with dementia, as well as health professionals speaking about the importance of seeking help early (11 languages)
3. Implementation of goals and actions

- Looking out for dementia, which aimed to inform Indigenous people living in remote communities in the Northern territory about dementia (3 Northern Territory Aboriginal languages)
  - Radio
  - Memory loss: Disrupting daily life, which was developed in collaboration with SBS radio to promote awareness of dementia amongst speakers of seven languages of new and emerging communities (7 languages)
  - A National radio dementia awareness program – in community languages, which was developed in collaboration with SBS radio to address some of the key issues and barriers to increasing the level of dementia literacy in CALD communities. The final broadcasts of the campaign featured a talkback session with bilingual general practitioners (4 languages)

- Other
  - Talking Book on Dementia, a media tool that can be viewed on a computer or tablet and which helps educate Vietnamese speakers about memory loss and dementia, and assists them to manage their own dementia if they have displayed symptoms (1 language).

The department also funds:

- **CareSearch** – an online resource designed to help people who need relevant and trustworthy information and resources about palliative care. The website was refreshed in January 2017 to make it more user-friendly. CareSearch is now linked to the new palliAGED website (see below). It provides palliative care and end-of-life guidance within an aged care context.

- **PalliAGED** – a website developed by Flinders University that aims to provide palliative care and end-of-life guidance within an aged care context. The palliAGED site is hosted under CareSearch. PalliAGED was developed in response to a feasibility study by NOUS Group to ensure that updating the Guidelines for a Palliative Approach in Residential Aged Care and Guidelines for a Palliative Approach for Aged Care in the Community Setting would meet the requirements of the palliative care sector. PalliAGED was launched during National Palliative Care week in May 2017.

- **Palliative Care Australia (PCA)** – a peak national organisation for palliative care and end-of-life issues. The PCA website provides brochures in 12 community languages. PCA participated in the FECCA-National Ageing Research Institute (NARI) Roundtable in March 2016.

PICAC organisations have provided input and expert advice to several of these projects.

**Action Area 1.4: Increase awareness and understanding of Advance Care Planning (ACP) among people from CALD backgrounds**

In 2015, the Australian Government announced the recipients of funding under the National Palliative Care Projects (NPCP) program, which aims to:

- Improve access to high quality palliative care through education and training for health professionals and aged care workers
- Raise awareness of planning for end-of-life care.
3. Implementation of goals and actions

A number of NPCP initiatives have a focus on providing information about ACP to CALD communities. Funding was allocated to:

- Austin Health to continue their Respecting Patient Choices project, which aims to use innovative technologies to improve access to ACP for people with dementia and/or from non-English-speaking backgrounds. PICAC organisations provided expert advice on this project (consultations and resources)
- Cabrini Health to design and publish ACPTalk, a website which provides support for aged care and health professionals to educate people from different religious and cultural backgrounds on ACP matters.

The government also funds other ACP projects to support people from CALD backgrounds. One example is the Multicultural Communities Council SA which was funded in 2013 to develop an information package and education sessions targeted at Middle Eastern, Asian, and African communities. The information package and education sessions focused on palliative care, ACP, wills, estates and powers of attorney.

Moreover, the department has:

- Provided detailed information and guidance on ACP and palliative care for consumers through the department’s website, which is complemented by information provided on the My Aged Care website
- Worked with the My Health Record team to address ACP activities, with a focus on lowering barriers to involvement in this program for people from CALD backgrounds who may be uncomfortable discussing such issues or whose experiences in their countries of origin have led to a distrust of department activity
- Funded PICAC organisations to work with a number of specialist organisations to facilitate the delivery to older CALD audiences of information and education sessions focused on Advanced Care Planning.

Action Area 1.5: Inform the Aged Care Sector Committee on this Strategy to help ensure alignment with the implementation of aged care reform activities

The ACSC was informed about the CALD Strategy shortly after its release. This aided the development of the Aged Care Roadmap, a long-term reform strategy for the sector developed by the ACSC and agreed by the department. One of the key components of the Aged Care Roadmap is supporting consumers with diverse needs, and the CALD Strategy is one of the foundation documents for this priority.

Additionally, in February 2017, the ACSC was given a status update on progress against each CALD Strategy action area. All ACSC members were also invited to participate in the review process by making a submission, completing a survey, or providing comments on the status update. The ACSC also recently created a Diversity sub-group to develop the Diversity Framework, with FECCA being one of the members of this subgroup.

The CALD Working Group has provided input to the ACSC Communications and Engagement Advisory Group on numerous occasions. As mentioned at Action Area 1.1, the ACSC Communications and Engagement Advisory Group now includes a member of the CALD Working Group.
3. Implementation of goals and actions

Goal 2
Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care

Action Area 2.1: Develop, deliver and promote appropriate multilingual information and education through a whole-of-department CALD communication framework in order to raise awareness of the full range of aged care and support services and facilitate informed choice of services

Actions undertaken in this area include:

- **My Aged Care** has been established as the single point of entry to the aged care system, providing registration, assessment and referral to aged care services. My Aged Care aims to allow access to information that can help consumers consider their care options, thereby giving them considerable leverage.

  The functionality of My Aged Care was expanded in 2015 and the My Aged Care website now has an information page for people from CALD backgrounds which includes links to the CALD Strategy. The website provides information, including nine fact sheets that have been translated into 18 languages.

  The My Aged Care Service Finder now enables people to find Home Care Package providers that deliver specialist CALD services.

  The department continues to engage with consumers and key stakeholders, respond to feedback and proactively improve the service offered by My Aged Care. The department consults with the My Aged Care Advisory Group on a regular basis, and advisory group meetings are regularly attended by CALD representatives. Additionally, feedback sessions with the My Aged Care Policy and Design team are scheduled at some CALD Working Group meetings.

- **The PICAC program**, which supports older CALD people, their families and carers to understand and access aged care services. Activities include:
  - The My Aged Care CALD Accessibility Project, operated by the NSW/ACT PICAC provider
  - A national website hosting documents and links to multicultural resources for service providers and individuals, operated by the Victorian PICAC
  - Facilitation of expos through partnerships with a range of other organisations (for example, the SA PICAC organisation ran eight expos in 2016–17 that engaged with over 1,000 people).

- **Council on the Ageing (COTA) Australia**, which is funded by the department to represent and advocate for older Australians. COTA Australia is committed to ensuring aged care consumers are provided with accurate information to allow them to engage with complex processes. To this end, COTA Australia has developed a guide to Home Care Packages and Consumer Directed Care (CDC) which has been translated into 11 community languages.
3. Implementation of goals and actions

The department has facilitated publication and promotion of appropriate multilingual information and education through a range of communication channels, including the My Aged Care website, by promoting:

- The availability of the Charter of Care Recipients’ Rights and Responsibilities in residential care and home care in multiple commonly used languages in Australia (for more information, please see Action Area 3.2)
- The National Translating and Interpreting Service (TIS National), run by the Department of Immigration and Border Protection, provides immediate and pre-booked telephone interpreting, and on-site interpreting, in over 160 languages.

Action Area 2.2: Review on an ongoing basis the National Aged Care Advocacy Program (NACAP) to include an emphasis on promoting, supporting and maximising access to advocacy for older people from CALD backgrounds, their families and carers

NACAP is funded by the Australian Government to provide free, independent and confidential advocacy support and information to older people (and their representatives) receiving or seeking to receive government-funded aged care services. Funding was increased by 20 per cent in 2013 to meet demand for information and advocacy for special needs groups, including people from CALD backgrounds.

Following a 2015 review of the NACAP, the department released new NACAP guidelines and a draft National Aged Care Advocacy Framework to support a nationally consistent approach to the delivery of advocacy services. Both documents emphasise the need to promote and maximise access to advocacy for older CALD people.

An open funding round for organisations wishing to provide advocacy services under the updated guidelines was launched in early 2017. The successful applicant in the funding round was the Older Persons Advocacy Network (OPAN) which, from 1 July 2017, has been engaged to deliver the NACAP as a single national provider.

OPAN will deliver NACAP through its network of nine service delivery organisations across Australia. With a strong national presence already in place and the ability to leverage existing networks and linkages, including groups supporting CALD communities, OPAN is able to ensure continuity of advocacy services that best meet the needs of consumers.

The National Aged Care Advocacy Framework will be finalised with OPAN in collaboration with other key stakeholders.

Action Area 2.3: Support aged care providers to take into account cultural, linguistic and spiritual diversity and needs when involving family members, carers and personal advocates in decision-making in consumer directed care environments

A number of measures have been funded to provide CALD-focused support to aged care providers. These include:

- Funding for Home Care Today (an online resource hub) to develop the resource Changes to Home Care Packages – providing care for older Australians with diverse needs. The Home Care Today website also provides others resources and information to support diverse groups
3. Implementation of goals and actions

- The PICAC Program, which provides training to and develops partnerships with aged care providers
- DACS-funded activities which educate providers on CALD issues
- Funding for Meaningful Ageing Australia to develop *National Guidelines for Spiritual Care in Aged Care*, launched in August 2016
- Training on CDC, introduced for Home Care Package providers in 2015. This training includes recognising the needs of CALD consumers
- The Increasing Choice in Home Care reforms which commenced on 27 February 2017. These reforms aim to better support individual consumers to receive the services they need and enable them to have choice and flexibility in the way that support is provided. Under these reforms, funding for home care packages is now attached to the consumer, rather than the provider, which means that consumers can change their provider if they wish
- As part of the National Aged Care Quality Indicator Program, aged care providers have been supported to actively engage CALD care recipients in pilots of quality indicators in residential and home care
- Funding for interpreting for aged care services through TIS National has been expanded to include the NACAP. The availability of this service is promoted on the My Aged Care website and in other materials produced by the department.

The department continues to support these activities and will continue to review and evaluate them where appropriate to ensure they are meeting the needs of older people from CALD backgrounds.

**Action Area 2.4: Continue to develop, support and resource innovative programs and projects addressing the goals of this Strategy and identified emerging issues, currently through Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) and any new funding programs**

In 2011, the department consolidated a range of programs into 18 flexible funds. One of these was ACSIHAG. ACSIHAG was formed with the objectives of:

- Strengthening the capacity of the health and aged care sectors to deliver high quality aged care
- Promoting healthy ageing by targeting a range of priority areas, including older people with diverse needs, particularly those from CALD backgrounds, care leavers, and LGBTI people.

From 1 July 2015, ACSIHAG was redesigned as the Dementia and Aged Care Services Fund (DACS). The priorities and objectives of DACS, although updated in the transition from ACSIHAG, continue to state that DACS will cover ‘older Australians with diverse social and cultural care needs who are sick, or experiencing or living with medical conditions’. Activities previously supported by ACSIHAG are now funded through the DACS.

A key area of focus of the first DACS open funding round, held in December 2016, was ‘better support for services targeting people from diverse backgrounds’, with a particular focus on developing innovative, technology-based solutions to:

- Inform and educate people from Aboriginal and Torres Strait Islander and CALD backgrounds about dementia to avoid delayed diagnosis
3. Implementation of goals and actions

- Increase awareness and understanding of planning for ageing (including advanced care planning) for special needs groups, their families and carers
- Provide support for consumers to receive culturally competent care to ensure special needs groups (including people from CALD backgrounds) achieve health outcomes similar to those of other consumers.

The government announced the outcomes of this funding round in July 2017, including $2.8 million in funding for four CALD-specific projects.

A number of projects have been funded through open ACSIHAG funding rounds over the life of the CALD Strategy, including:

- Funding for FECCA, which encompasses activities and consultation for other organisations as detailed at Action Areas 1.1, 1.3, 4.4, and 6.2. In addition to these projects, FECCA has participated in and presented at a number of forums and other events, and produced a variety of communication materials, to inform the broader CALD community about developments and opportunities associated with aged care reforms. FECCA maintains regular, active engagement with consumer peak bodies, including but not limited to COTA Australia, Alzheimer’s Australia, and Carers Australia, aged care professional peak bodies such as the Australian Association of Gerontologists, as well as PICAC organisations across Australia.

- The Bridging the Cultural Gap project, for which Alzheimer’s Australia SA was funded to develop the Cultura smartphone app to assist with the provision of appropriate dementia care for people of CALD and Aboriginal and Torres Strait Islander backgrounds. Cultura enables aged care staff to rapidly and easily identify the similarities and differences between their culture and the cultural needs of the person they are caring for. FECCA provided input to the development of the app, which is a readily accessible tool to guide staff on the specific cultural needs of the individuals they care for based on their country of birth or cultural background, with 21 nationalities or cultures represented in the app. Cultura is particularly useful for aged care workers providing home-based care to people with dementia.

- The Promoting Inclusive Health Care project, delivered by the Royal District Nursing Service (RDNS). Through this project, RDNS developed a Diversity Education Program for community-based aged care workers, based on the World Health Organization’s standards for equity in health care. The Diversity Education Program has been developed to a certificate level, with an accompanying evaluation tool developed alongside the Diversity Education Program. The Program has been piloted in a number of RDNS sites, and delivered to up to 600 RDNS workers in 2016.

- A Flinders University pilot project to develop the multicultural workforce to improve the quality of residential aged care (see Action Area 5.5).

- The Aged Care & Housing Group (ACH Group) was funded to design, test, and evaluate a partnership model with the South Australian Muslim community. As part of this project, ACH Group engaged with a range of stakeholders, including making presentations to Aged Care Assessment Team members, South Australian Primary Health Networks (PHNs), and RAS team leaders about the need for co-designing services for faith-based communities. ACH Group has developed a residential aged care-focused cultural assessment tool, with development of a similar tool for home care nearing completion. A range of resources have been developed and endorsed by a local Imam, including Muslim Aged Care: a Pocket Guide for Care Workers, Muslim Aged Care: Staff Handbook, and Muslim Aged Care: Resource for Service Providers.
3. Implementation of goals and actions

These resources have also been developed into online training modules for staff. Additionally, as part of this project, ACH Group has developed and delivered cultural awareness and cultural sensitivity training to more than 650 of the 1,700 ACH Group staff to date.

- The Avoiding Carer Fatigue project, for which Co.As.It. Community Services was funded to create and deliver support services to promote self-care, respite and resources to address the physical, emotional, and social wellbeing challenges of carers, including those from CALD and other diverse backgrounds.

- The Multicultural Centre for Women’s Health (MCWH) was funded for the ‘Dealing with it Myself’ project, through which MCWH developed and disseminated tailored resource kits, delivered peer education sessions, and established and maintained working carer support networks to improve multilingual education and support for working carers from CALD backgrounds with the aim of improving carers’ physical health and social connectedness.

- The Illawarra-Shoalhaven Carers Support Program, for which the Multicultural Communities Council of Illawarra was funded to establish carer support groups facilitated in languages other than English to improve carers’ awareness of referral and resource pathways and department programs, with particular focus on dementia care support and services.

- The Mazi (Together) Project, which aims to increase the skills and knowledge of carers of older people from chiefly Greek, but also Lebanese, Arabic, and Russian communities. The project has a particular focus on carers of CALD people with dementia or chronic disease, with a support group created to help support carers of CALD people with dementia to provide ongoing care. Workshops aimed at carers of CALD people with dementia or chronic disease were held throughout the project period, and featured subject matter experts as guest presenters, covering topics including end of life care, meaningful activities to promote and maintain the wellbeing of people with dementia, and legal considerations around decision making for carers of people with dementia. Through the Mazi Project, language and culturally-appropriate resources were created, including a guide to care plans, a “life story book”, and a transition kit (“Navigating the Aged Care Maze”). Through this project, a support network of carers of CALD people with dementia was formed in the south-east Queensland area.

These projects, totalling $5 million, support the development of activities which could potentially be applied more broadly across CALD aged care. ACSIHAG funding rounds have also allocated funding to a number of ethno-specific and community organisations for smaller-scale CALD projects with more of a narrow focus. Information about these projects can be found at Action Area 2.5.

The Australian Government has also funded a number of other projects (through ACSIHAG and other programs) since the development of the CALD Strategy which, while not CALD-specific, did have CALD aged care components.

Action Area 2.5: Acknowledge and resource the role of ethno-specific and multicultural services in developing the capacity of people from CALD backgrounds to access the aged care system

A priority of all three ACSIHAG funding rounds was to fund activities to support “older people with diverse needs, particularly those from culturally and linguistically diverse backgrounds, care leavers, and lesbian, gay, bisexual, transgender and intersex people”.

In ACSIHAG funding rounds since 2012–13, the Australian Government has provided almost $6 million to the 14 CALD-specific and multicultural organisations to promote the department’s strategies to their communities and to aged care service providers. Aims included: increasing provision of cultural
3. Implementation of goals and actions

awareness services to aged care providers; provision of information in a culturally appropriate manner to a variety of CALD audiences; linking diverse audiences to aged care services; and raising awareness of the needs of CALD populations in aged care. To achieve these aims, the 14 organisations developed consumer education programs, resources, networks, media resources and communication strategies, and carer support systems. Details are provided in Table 3-1. Further details about the PICAC program can be found at Action Area 4.6.
### Table 3-1: Locally-focused ACSIHAG CALD projects

<table>
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<tr>
<th>Project Name</th>
<th>Organisation</th>
<th>Project description and outcomes</th>
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| Diversity and Inclusion                           | Co.As.It. Community Services Inc.                | • Co.As.It. Community Services was funded between July 2013 and June 2015 to deliver a project to support mainstream service providers better cater to the needs of the older Italian community in south-east Queensland  
• Resources were created across 28 topics, with approximately 8,650 distributed to the older Italian community across south-east Queensland  
• More than 4,000 people were assisted through the distribution of promotional material and provision of education and training services and seminars |
| Healthy Ageing for CALD People                    | Diversicare (Ethnic Communities Council of Queensland) | • Diversicare was funded between July 2013 and June 2015 to provide information session to Hmong, Bhutanese and Somalian communities to help establish links between those communities and the aged care system, other government agencies such as Centrelink, and multicultural and community organisations  
• As part of the project, Diversicare produced a DVD focusing on issues that can affect the ageing process for specific cultures (covering topics such as diabetes, cardio-vascular disease, hypertension, renal disease, alcoholism, mental health, dementia and continence). 1,000 copies of the DVD were distributed to Queensland-based organisations  
• Diversicare also conducted regular healthy ageing education sessions to help communities transition from traditional diets to foods more readily available in Australia. Diversicare produced booklets outlining this process, with more than 500 distributed to students at James Cook University  
• Two expos focusing on the project were held throughout the project period, with a total of more than 200 people attending |
| Aged Care Services Partnerships and Access Project - CALD Greek | Greek Welfare Centre                             | • The Greek Welfare Centre was funded between July 2013 and June 2015 to provide cultural briefings and training sessions to aged care services and support staff, and to provide information, support and referral to the local Greek community in relation to aged care services  
• The inquiries from the Greek-speaking community increased by more than 1,300 (90-95% increase) following a program of meetings, forums and consultations  
• 38 information sessions on topics such as My Aged Care were held with attendance across all sessions totalling nearly 1,200 people  
• 5,000 copies of cultural briefing material were distributed |
| Eastern European CALD Project                      | Polish-Australian Welfare Association            | • The Polish-Australian Welfare Association was funded between July 2013 and June 2015 to provide information to NSW-based older Eastern Europeans and their carers about Australian aged care services and policies and principles such as consumer directed care, reablement, and healthy ageing  
• Almost 3,000 information booklets were distributed to Polish, Serbian, Croatian, Romanian, Hungarian and Russian communities in Sydney and across NSW  
• 10 Radio Promotions have been run, with a number of advertisements |
### 3. Implementation of goals and actions

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<tr>
<th>Project Name</th>
<th>Organisation</th>
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| **Informed Ageing**                                              | Multicultural Communities Council of SA Inc.      | - The organisation was funded between July 2013 and June 2015 to convene workshops to provide older CALD people and their families, particularly those from new and emerging communities, with information to increase their knowledge and understanding of services, facilities, concessions, and entitlements available to them.  
- Approximately 47 sessions at 23 workshops were held across the life of the project, with more than 300 people attending in total.  
- The organisation consulted with leaders of the target communities through development of the workshop materials. |
| **Social Connectedness Project**                                 | Chinese Community Social Services Centre          | - The Chinese Community Social Services Centre was funded between July 2013 and June 2015 to establish regular communication and connection with older Chinese people still living at home and who are experiencing social isolation due to illness, disability, special needs, or communication barriers.  
- Information sessions were held across Victoria, attended by more than 400 Chinese-speaking seniors, with a satisfaction rate of approximately 80 per cent.  
- 5 focus groups were established with 4 sessions held per group. Each session was attended by 8–15 Chinese-speaking seniors.  
- Volunteers from the community were recruited to form a drama team - two scripts and four video clips were produced which were used for community education and Chinese cultural briefing.  
- Chinese-speaking seniors were given the opportunity to attend aged care facilities, for introductory meetings and orientation tours.  
- More than 100 professionals from primary health care bodies attended cross cultural briefings, reporting a 90 per cent satisfaction rate with the content. |
| **Connecting Communities Project: Engaging and Supporting Arabic-Speaking Elders** | Victorian Arabic Social Services                  | - Victorian Arabic Social Services was funded between July 2013 and June 2017 to link older people from Arabic-speaking backgrounds with mainstream aged care services, develop an Arabic language DVD (with support from Carers Victoria) providing information on dementia and caring for people with dementia, and engage older Arabic-speaking people in healthy ageing activities.  
- Arabic-speaking seniors were given the opportunity to attend Victorian aged care homes for introductory meetings and orientation tours.  
- The Al Zakira DVD was developed and distributed to aged care providers, carers of people with dementia, and older members of the Arabic-speaking community.  
- A number of aquatic classes were held, each with up to 28 participants. |
| **North East Multicultural Aged Care Connections**               | North East Multicultural Association              | - North East Multicultural Association (NEMA) was funded between July 2013 and June 2016 to develop information resources and provide cultural awareness training to aged care providers, and to develop information resources for older people from CALD backgrounds living in north-eastern Victoria. NEMA was also funded to provide one on one... |
## 3. Implementation of goals and actions

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| **Living Better in CALD communities: promoting healthy and active ageing for older people from culturally and linguistically diverse communities** | Ethnic Broadcasting Association of Queensland                                 | • The Ethnic Broadcasting Association of Queensland was funded between July 2013 and June 2015 to provide translated information promoting health and active ageing for older CALD people across a national network of ethnic community radio stations  
  • The organisation produced 4 series of 12 radio scripts (six-monthly intervals) in English and six community languages  
  • A total of 336 individual radio segments were broadcast to CALD audiences nationally via ethnic and community radio networks  
  • CDs of the radio programs were produced and made available nationally.                                                                                                                                                                                                                           |
| **Better Link, Better Life for Older Vietnamese Australians**                 | Australian Vietnamese Women’s Association (AVWA)                               | • The AVWA was funded from June 2013 to July 2015, and in that period provided 15 cultural awareness sessions (including a module entitled “how to work with Vietnamese older people”) to more than 180 staff from 69 aged care services  
  • During the project period, the AVWA also provided 21 information sessions for older Vietnamese-Australians and their carers, with attendance totalling more than 900 people  
  • This activity was supported by the AVWA’s use of ethnic and other community radio, regular advertisements and articles with the local Vietnamese language newspaper, other community papers and newsletters, and distribution of more than 2,000 brochures during information sessions and through involvement with four of Melbourne’s aged care expos. |
| **Cultural Competency Professional Development**                             | OzPol Services                                                                 | • OzPol was funded between July 2013 and June 2015 to deliver a CALD education and awareness package to students studying across relevant medical and allied health fields at 7 Queensland universities  
  • More than 15,000 students attended the presentations  
  • In each year of the project, OzPol delivered up to 50 presentations of a professional development module (covering cultural awareness) to aged care services, community groups, and peak bodies.                                                                 |
| **Establishing integrated program for culturally and linguistically diverse(CALD) staff, volunteers and family members coping with unpredictability in residents and** | Multicultural Aged Care Services Geelong (MACS)                                | • MACS was funded between July 2013 and June 2015 to establish cultural sensitivity workshops, workplace champions, and family support programs to support MACS’ CALD staff and volunteers engaging with CALD people with dementia  
  • 12 focus groups involving 66 MACS staff and volunteers from at least 17 different cultural backgrounds provided input into the project  
  • 16 dementia-themed workshops were held over the course of the project, focusing on dementia care in a CALD context, with a total of 159 MACS staff and volunteers in attendance.                                                                 |
### 3. Implementation of goals and actions

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| community clients with dementia.                                             | MACS                                  | • A total of 24 MACS staff became “dementia champions” - 11 undertook an accredited dementia-focused training unit in preparation, while the remaining 13 staff members utilised prior learning  
• MACS developed a “triggers for challenging behaviours” handout which was translated into two commonly-used community languages |
| Sri Om Care Healthy Ageing Project for Older People from the Indian Subcontinent | Sri Om Foundation                     | • Sri Om Foundation was funded between July 2013 and June 2015 to expand Sri Om’s existing centre-based program to Western Sydney more broadly, with the aim of increasing the health and wellbeing of older people from the Indian subcontinent  
• Sri Om provided 8 cultural awareness sessions to aged care services in Western Sydney to help raise awareness of the needs of and issues for the Indian, Sri Lankan, and Bangladeshi communities in Greater Western Sydney  
• Sri Om provided health lectures and outings each month of the project period, as well as regular cultural dance and music sessions, yoga and exercise sessions, and other movement sessions. |
| Italy-Australian Aged Care and Healthy Ageing Community Outreach Services—South West Region of Western Australia | Italo-Australian Welfare & Cultural Centre | • The Italo-Australian Welfare and Cultural Centre was funded between July 2013 and June 2015 to assist aged care providers to promote and facilitate access to CALD-appropriate services for older Italian people  
• The organisation was also funded to deliver culturally and linguistically appropriate community education sessions to help ensure older people from Italian backgrounds were able to make informed decisions about their aged care  
• Additionally, the organisation expanded their relationship with Alzheimer’s Australia to develop and promote dementia-related information to older people from Italian backgrounds and their carers  
• More than 14 community-focused seminars and workshops were held over the project period, with almost 300 older Italian-Australian attendees and more than 180 carers  
• More than 180 radio programs were broadcast on community radio in south-west Western Australia  
• Five information sessions focusing on dementia were held in conjunction with Alzheimer’s Australia WA |
3. Implementation of goals and actions

Goal 3

Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services

Action Area 3.1: Ensure that My Aged Care delivers culturally and linguistically appropriate services. This includes through language services and various communication mediums. Where limitations exist, consideration will be given to alternative measures to achieve access

The Australian Government has funded:

- **My Aged Care** to strengthen the delivery of culturally and linguistically appropriate services to older people from CALD backgrounds:
  - The My Aged Care workforce (including contact centre staff and RAS and ACAT\(^1\) assessors) is provided with mandatory training to achieve the My Aged Care Statement of Attainments. This course contains topics on CALD inclusiveness and communication
  - Additional diversity-focused scenarios, including those relating to older CALD people, have been added to the mandatory cultural training module for the My Aged Care workforce
  - The diversity elective module is subject to ongoing review, and CALD Working Group participants were offered an opportunity to review and suggest changes
  - The NSW/ACT PICAC provider has been engaged to undertake the My Aged Care CALD Accessibility Project, which is working to address barriers to CALD consumers accessing My Aged Care. The PICAC provider is working with Health Direct (the government’s provider of telehealth and digital health solutions, which manages My Aged Care) and Stellar (an Australian-based contact centre provider which operates the My Aged Care Call Centre). As part of this program, the CALDWay conference has been established as a regular forum to further identify and discuss remaining access barriers with other PICACs and key stakeholders.

- The development of **communications materials** to support people from CALD backgrounds, including development and distribution of printed case studies and information translated into a range of community languages and CALD media content.

- **TIS National** to provide interpreting services to support CALD consumer access to, and delivery of aged care services:
  - TIS National is available 24 hours a day, seven days a week and provides both telephone and onsite interpreting
  - Face-to-face assessments from the RAS, with TIS National support, are available to support CALD consumers.

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\(^{1}\) ACAS in Victoria
3. Implementation of goals and actions

In October 2016, the department held a diversity-focused co-design workshop in Melbourne to discuss opportunities to improve My Aged Care (four mainstream co-design workshops were held in September and October 2016). The diversity workshop was attended by participants from all states and territories, including:

- Assessors
- Service providers
- Consumer representatives
- My Aged Care Contact Centre representatives
- Department and state/territory government representatives.

The following themes were identified as the most important during facilitated discussion at the workshop:

- A face-to-face community presence for My Aged Care
- Consumer representation, follow-up and consent to track
- Advocacy and support for consumers who can’t speak on their own behalf
- Specialist support to ensure consumers receive culturally sensitive services
- Flexibility to cater for diversity at first point of contact in order to build trust with My Aged Care
- Specific processes for service providers representing consumers with diverse needs
- Communication of the right information to the right communities
- Identifying vulnerable consumers and reducing the need for consumers to repeat their stories
- Improving access to assessment for diverse communities, including access to interpreting services
- Improving the cultural appropriateness of the National Screening and Assessment Form’s (NSAF) data capture.

The department has been working collaboratively with users and workshop participants to address feedback from the workshop, with major My Aged Care system enhancements expected in mid-2017. Policy and process solutions developed collaboratively in response to the issues raised in the diversity co-design workshop include:

- Enabling clients to appoint a representative without speaking with the Contact Centre through an Appointment of Representative Form; and
- Enabling third parties to refer a client with diverse needs to assessment if they are unable to interact with the Contact Centre.

Since the workshop, representatives of the My Aged Care team have attended CALD Working Group meetings to share information about the department’s progress and respond to issues and questions.
3. Implementation of goals and actions

Action Area 3.2: Address the barriers that can reduce the capacity of older people from CALD backgrounds, their families and carers to access aged care services and to receive appropriate care, in specific planning and allocation processes

The department has been working to support both providers and consumers to facilitate consumer-centric service delivery. This includes:

- Translation of the *Charters of Care Recipients’ Rights and Responsibilities* (one each for home care and residential care) into community languages. The residential care *Charter* should be displayed in aged care homes or made available to consumers when the Resident Agreement is offered. The home care *Charter* is attached to the Home Care Agreement. Alongside other rights, the residential care *Charter* enshrines the right of recipients of residential aged care to: quality care that is appropriate to their needs; live without discrimination or victimisation; and continue their cultural and religious practices, and keep the language of their choice, without discrimination. The home care *Charter* enshrines the rights of recipients of home care to have their individual preferences respected, be treated without discrimination, and to be helped to understand any information they are given, in addition to a range of other rights.

- TIS National has been funded to support providers in discussing and agreeing Home Care Agreements, Resident and Accommodation Agreements, and care plans with CALD consumers in their preferred language.

- The PICAC My Aged Care CALD Accessibility Project which investigates barriers that exist for people from CALD backgrounds seeking to enter the aged care system (particularly in regards to My Aged Care). Please see Action Areas 3.1 & 4.2 for more information about this project.

In addition, in 2015 the Aged Care Approvals Round (ACAR) Support Project developed resources to assist CALD community groups to compete in the ACAR process and apply for new Australian Government-funded aged care places, or financial assistance in the form of capital grants. These resources are available on the department’s website.

Action Area 3.3: Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older people from CALD backgrounds, to minimise social isolation of people receiving aged care

The key objective of the CVS is to assist aged care consumers who are socially isolated or at risk of becoming socially isolated. CVS funding for special needs groups increased by 20 per cent in 2013, acknowledging that social isolation may be more prevalent in some special needs groups compared with the wider population. The CVS was also expanded to include volunteer visits to people receiving home care packages (in addition to those in residential care), and to utilise new technology in home care. The increase in funding equates to approximately 3,600 new visitor places per annum. Forty per cent of CVS auspices are now ethno-specific organisations.

The department supports collaboration of CVS providers through annual Network Member meetings. These meetings provide:

- An opportunity for the department to update CVS providers on relevant issues across the aged care portfolio (such as challenges capturing data on service provision to special needs groups due to non-disclosure)

- An avenue for providers to discuss emerging issues with the department.
3. Implementation of goals and actions

**Action Area 3.4: Develop and implement options to improve and expand the coverage of translation and interpreting services throughout the aged care system**

The department currently provides interpreting services to Australian Government-funded aged care providers through TIS National. This interpreting service primarily acts as a support mechanism for providers to use in specific circumstances, e.g., to assist aged care consumers to understand the services they are receiving, their care agreement, or their individualised budget and monthly statements. TIS National interpreting services were initially made available to residential aged care providers and consumers, and, from 2013, home care providers and consumers. In 2015 the service was expanded to provide interpreting support to CHSP providers and consumers, with a further expansion in 2016 to include STRC, Continuity of Support, and NACAP.

The department’s website now includes fact sheets on TIS National services for Home Care Packages and CHSP, and the My Aged Care website provides information to assist providers and consumers of residential aged care to access TIS National’s services. In addition, the mandatory My Aged Care workforce training includes videos that demonstrate how to use interpreting services effectively.

**Action Area 3.5: Promote the availability of language services, to CALD communities and recipients of aged care**

The department has facilitated the development, publication and promotion of a range of resources to inform consumers about the support available, including the availability of language services, such as:

- Tailored support to help people with diverse needs (including people from CALD backgrounds) via the My Aged Care helpline
- Interpreting, available through TIS National
- Consumer resources, including the *Five steps to entry into an aged care home* and *Five steps to accessing a Home Care Package* booklets and the *Finding the aged care services that are right for you* brochure
- Departmental aged care communications have promoted the availability of interpreting services on an increasingly regular basis
- Letters informing consumers about the February 2017 Increasing Choice in Home Care reforms included contact details for TIS National in 18 languages.

FECCA and PICAC-funded organisations have also actively promoted TIS National services using a range of methods, and regularly advise their target groups on the availability of this service.

**Action Area 3.6: Promote carer specific information to aged care services, CALD communities, carers and recipients of aged care to generate a greater awareness and understanding of the roles of carers as partners in care and continue services that support carers of older people from CALD backgrounds**

FECCA was funded for a CALD Carers project, operating in conjunction with Carers Australia. The review identified the research gaps in the evidence base on older CALD Australians.

The December 2014 edition of the NCAN News, a bimonthly electronic newsletter, was dedicated to carer issues, and carer stories were also included in other editions.
3. Implementation of goals and actions

Information about carer support activities with a strong CALD focus which have been funded under the ACSIHAG fund can be found at Action Area 2.4.

Goal 4

Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers

Action Area 4.1: Recognise members of all Special Needs groups, including people from CALD backgrounds, within the Quality of Care Principles 1997 which encompasses the Accreditation Standards, Community Care Common Standards and Flexible Care Standards and support the aged care sector in understanding how older people from CALD backgrounds fit within these accreditation frameworks

The department is currently in the process of developing a Single Aged Care Quality Framework (the Single Quality Framework) for providers of Australian Government-funded aged care. The Single Quality Framework will include:

- A single set of aged care standards for all aged care services
- A streamlined approach for assessing provider performance against the standards
- Improved information on quality to help consumers to make choices about the care and services they need.

The aim of the Single Quality Framework is to:

- Increase the focus on quality outcomes for consumers
- Recognise the diversity of service providers and consumers
- Simplify regulation and reduce administrative workload for providers by:
  - Minimising duplication between the standards, other provider responsibilities and other legislation
  - Streamlining the way provider performance is assessed and monitored.

A public consultation was recently held on the draft Single Quality Framework, with feedback currently being considered. Development of the Single Quality Framework has been informed by advice from a broad range of industry experts and stakeholders. The final framework will embed consideration of the specific care needs of diverse groups, including people from CALD backgrounds. It is expected that findings from the Review of the Aged Care Regulatory Processes will also feed into the final framework.

When finalised, it is expected that components of the Single Quality Framework, including the standards, will be piloted with a small number of aged care providers. Guidance materials will be released to assist with full implementation.
3. Implementation of goals and actions

Action Area 4.2: In the development of aged care quality indicators, specific mechanisms will be developed to be reflective of appropriate care for CALD consumers

The voluntary National Quality Indicators Program commenced from January 2016 with three clinical indicators for residential care services. In 2016, national pilots of consumer experience and quality of life tools were also conducted with residential and home care services.

The department has been consulting with consumers, service providers and the National Aged Care Alliance Quality Indicators Reference Group. The views of people from CALD backgrounds are represented on the Quality Indicators Reference Group by a member of FECCA.

The aims of the program to develop quality indicators are:

- To give consumers transparent, comparable information about quality in aged care to aid decision making
- For providers to have robust, validated data to measure and monitor their performance and support continuous quality improvement.

Action Area 4.3: Support and monitor the development and implementation of dementia services to help ensure that they are particularly responsive to cultural values and understandings

A review of Australian Government-funded dementia programs was undertaken during 2015. CALD organisations were invited to provide input to the review. The final report was released in September 2015 and is available on the department’s website.

As a result of this review, national providerd have been engaged for the DBMAS and dementia training programs. These programs, along with the Severe Behaviour Response Teams (SBRTs), are required to ensure services are tailored and appropriate to people with special needs, including people from CALD backgrounds. All three programs will be evaluated by mid-2019.

A number of other dementia projects funded by the department have CALD-focused elements, including:

- The SA & NT Dementia Training Study Centre, which presented a one-day workshop in partnership with Multicultural Aged Care. The workshop aimed to encourage best practice in the care of people from CALD backgrounds living with dementia
- The WA Dementia Training Study Centre was funded to undertake the Developing Cultural Competence Within a Multicultural Residential Aged Care Workforce project to develop an audit tool to measure the cultural competence of individual residential aged care homes
- A number of organisations (including PICACs) have been funded to deliver CALD-specific dementia behaviour management resources and training for staff in home and residential aged care
- Victorian Arabic Social Services was funded for the Connecting Communities project, in partnership with Carers Victoria. The project produced an Arabic-language DVD focusing on dementia and the role of carers. DVDs were distributed to the Victorian Arabic community, carers, and aged care providers. Viewers have reported increased awareness of dementia and increased levels of confidence in accessing the services of Carers Victoria
3. Implementation of goals and actions

- Alzheimer’s Australia continues to provide dementia-related information to meet the needs of people from CALD backgrounds and has translated materials into 31 languages.

**Action Area 4.4: Work with organisations funded to improve the interface between the health and aged care sectors to address specific barriers encountered by CALD communities in receiving seamless care services**

The department has engaged PICAC NSW/ACT to deliver the My Aged Care CALD Accessibility Project. This two-year project aims to specifically identify and target the barriers that older CALD people experience when accessing My Aged Care and will assist the department to develop strategies that will support both established and emerging CALD communities in navigating the aged care system. It involves working collaboratively with various organisations and stakeholders in areas with high CALD populations, through national surveys, CALD community focus groups and consultations. As part of this project, PICAC NSW/ACT has held the regular CALDWays events.

The 2016 CALDWays Forum was an important opportunity for stakeholders to advocate for the aged care needs of CALD consumers:

- The forum brought together a spectrum of CALD representatives in the aged care sector, including the department, CALD leaders, community organisations, and various service providers
- Key stakeholders representing CALD consumers throughout the aged care journey shared their experiences and contributed to important outcomes-based discussions that will inform key recommendations to the department as part of the My Aged Care CALD Accessibility Project.

One of FECCA’s funded activities is to engage with PHNs to develop a policy framework to enhance older CALD patients’ awareness (and that of their families and carers) of existing ageing and aged care support, and to strengthen the capacity of the primary health care system to better support older people from CALD backgrounds. As part of the policy framework, resources have been developed to empower PHNs to better understand cultural complexity in the ageing context, and help inform older CALD patients, their families, and carers about exercising informed choice and control over aged care services and supports they receive. The resources, which were developed following consultation with eight PHNs about useful content, will include practical examples to assist PHNs to effectively engage with older CALD people.

There is more to do in relation to this action area, particularly in the context of engaging further with PHNs as the interface between the health and aged care systems continues to strengthen.

**Action Area 4.5: Ensure that the Aged Care Complaints Scheme is promoted to CALD communities and accessible by older people from CALD backgrounds, their families and carers, including through the use of bilingual workers, interpreting and translating services**

The Aged Care Complaints Scheme has undertaken a range of activities to promote the availability of the service to care recipients and their families from CALD backgrounds. These include translated material to support access to the Scheme.

The Aged Care Complaints Commissioner promotes access for older people from CALD backgrounds by providing materials in 24 community languages and six Aboriginal and Torres Strait Islander languages,
3. Implementation of goals and actions

as well as a number of video presentations aimed at assisting people who have additional literacy or comprehension requirements.

Additionally, Aged Care Complaints officers have been provided with procedures explaining how to access interpreting services through TIS National when liaising with CALD consumers.

**Action Area 4.6: Work with the CALD sector, including consumers and service providers, to develop and provide cultural competency training for promotion and incorporation into all aged care services**

PICAC is a national initiative funded by the Australian Government. One PICAC provider is funded in each state and territory (except the ACT, which is serviced by the NSW PICAC provider). The PICAC organisations:

- Support aged care service providers to deliver culturally appropriate care to older people from CALD backgrounds through the provision of resources and training
- Help older people from CALD backgrounds and their families make informed decisions about their aged care needs
- Conduct a range of activities including training, information sessions, workshops, and resource development. Workshops have covered topics including, but not limited to: support for older migrants who have suffered torture and trauma, utilising language services, and management and cultural diversity in residential and home care.

PICAC providers regularly collaborate with providers of other training and workshops to facilitate a CALD Perspectives component. Topics include as palliative care, dementia care, and continence care, among others.

A number of CALD-related projects have been funded through the ACSIHAG, with more detail available under Action Area 2.4. Under these projects, the department has supported cultural competency development for service providers and consumers through:

- Projects to support the development of collaborative networks
- Resource development projects
- Provision of education and information, including through consultancies, workshops, and certified training.

**Action Area 4.7: Work with other Government departments and agencies to develop appropriate education and training to enhance CALD aged care workforce skills**

The following initiatives have been undertaken in order to help aged care workers provide care that is sensitive to the individual needs of older people from CALD backgrounds:

- A nationally accredited unit of competency titled *Work with Diverse People* is a core unit in the Certificate III in Individual Support, the nationally recognised basic qualification covering aged care work
- My Aged Care training materials are being updated to include more diversity scenarios in core units
3. Implementation of goals and actions

- Under the Aged Care Workforce Fund (subsequently the Aged Care Workforce Development Fund), funding was provided between 2011 and 2015 for the delivery of nationally-recognised accredited training, including cultural competency modules, to aged care workers.

Goal 5

Enhance the CALD sector’s capacity to provide ageing and aged care services

Action Area 5.1: Expand options to enhance the capacity of existing and emerging CALD communities as potential aged care service providers, and to develop services across the aged care continuum inclusive of dementia and respite care

Outcomes Plus (a management consulting service for not-for-profit aged care organisations) was funded by the Australian Government to develop two resources:

- An overview to improve aged care services for your community, which provides guidance on the aged care industry, becoming an approved provider, identifying the aged care needs of a community, and improving access to culturally appropriate aged care
- A guide to improve aged care services in your community, which builds on the overview to help CALD communities have greater access to home and residential care.

The resources were published by the department in 2015, are available in 10 community languages and can be found on the department’s website.

The department has also held consultations and forums across Australia with CALD communities and providers to explain the intricacies of the aged care system.

Additionally, CALD providers are eligible to apply for capital assistance for the construction of aged care homes in areas of need. Since 2012, almost $50 million has been funded across 13 grants for the construction of CALD-focused residential aged care homes across Australia, with a small amount of this allocated to upgrade the capacity of existing facilities to add more CALD-specific places. CALD and special needs prioritisation for allocation of residential aged care places was added to the ACAR process in 2015–16, and since then almost 2,000 new places have been allocated across Australia specifically for older CALD people. Additionally, during this period almost 600 places have been allocated which prioritise one of the special needs groups according to the Aged Care Act 1997, including people from CALD backgrounds.

Action Area 5.2: Develop targeted communications to address any existing ‘stigma’ in CALD communities that inhibits aged care service access and use (see also Goal 2)

The Australian Government funds a range of organisations such as PICAC providers, FECCA, and CALD-specific providers of CHSP, home care, residential care and CVS.

Through mechanisms such as bilingual fact sheets and TIS National, the department has ongoing mechanisms in place to address the specific needs of CALD consumers.
3. Implementation of goals and actions

Additionally, the department has funded organisations specialising in CALD communication to develop a suite of specialised materials, including editorials for community publications, case study videos, radio advertisements, and public relations activities.

Action Area 5.3: Support the implementation of this Strategy by promoting awareness of the Strategy and its annual reporting

When the CALD Strategy was initially launched in December 2012, it was promoted through a variety of channels, including:

- Promotion of the CALD Strategy via Ministerial media release
- Contact with around 13,000 aged care services and stakeholders through the BIDS communications system
- The CALD Strategy was placed on the department’s website and sent to Commonwealth MPs
- Hard copies were distributed to key stakeholders, secretaries of Commonwealth departments and all senior officers within the department’s aged care stream.

Additionally, the CALD Strategy has been promoted at various conferences and forums. In 2013, the CALD Strategy was promoted via a live forum on the Aged Care Channel; DVDs subsequently released featuring that forum, and a blog post on the Aged Care Complaints Scheme website.

The department, in conjunction with the CALD Working Group, was also able to generate significant interest in this review of the CALD Strategy, and successfully leverage this to generate interest in the development of the Diversity Framework.

Action Area 5.4: In partnership with the CALD sector, develop targeted communications to encourage members of CALD communities to consider employment, volunteering and training in the aged care sector

Workforce training and education is a responsibility shared between department and the aged care sector, with providers having obligations under the Act to ensure that there are adequate numbers of appropriately skilled staff to meet the individual care needs of residents. Aged care providers are best able to determine workforce needs, and are responsible for attracting, retaining, supporting and developing the workforce they need to offer services for older people in a variety of settings. Developments in this area include:

- In November 2016, aged care provider peak bodies proposed developing an industry-led aged care workforce strategy. In response, the department announced funding in the 2017–18 Budget to establish an industry-led taskforce to develop an aged care workforce strategy. The strategy will address short, medium, and long-term options to boost supply and address demand and productivity for the aged care workforce. It will also identify opportunities for improved paths through vocational education and training and higher education to establish enhanced employment, training and career opportunities
- Funding was allocated under the CHSP to support volunteering in the CALD CHSP sector and develop a sustainable model for the expansion of volunteering in the sector
- CVS providers also engage with CALD communities to recruit culturally appropriate volunteers to visit older people from CALD backgrounds that are socially isolated and would benefit from companionship.
3. Implementation of goals and actions

**Action Area 5.5: Develop structured pathways to facilitate the employment of appropriate bilingual staff in the aged care system (see also Activity 5.4)**

Flinders University has been funded by the Australian Government to pilot a project to develop a bilingual and multicultural workforce for residential aged care. They are working with staff at a number of aged care homes to develop, implement, and evaluate a multicultural workforce development model and training package. This work is expected to be completed in 2017 and will be assessed by both the department and aged care sector.

Although bilingual workers are often cited as an important feature of culturally and linguistically appropriate aged care provision, aged care providers are responsible for facilitating pathways to employment for bilingual workers (see *Action Area 5.4*).

**Action Area 5.6: Develop relevant service models and partnerships that facilitate the involvement of CALD communities in delivering aged care (see also Activity 5.1)**

In February 2017, the Increasing Choice in Home Care reforms came into effect. Under this new model of home care, individual consumers are able to have their home care delivered by their provider of choice. This reform is expected to benefit CALD consumers and providers, because individuals can more easily choose a HCP provider which delivers care more sensitive and appropriate to their specific needs. Complementing this, CALD-specific providers are now able to take advantage of their CALD community links and expertise to target and market their services to specific communities.

The department has also produced resources to assist CALD groups who wish to become involved in the provision of aged care services, as detailed under *Action Area 5.1*.

Additionally, PICAC providers regularly attend relevant meetings to promote the needs and involvement of CALD communities in developing aged care services. PICAC providers also hold information sessions for approved providers delivering care for people from CALD backgrounds.

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**Goal 6**

*Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population*

**Action Area 6.1: Work with ageing research bodies to help ensure CALD communities are represented, at least in proportion to the size of their community, in all representative studies and surveys of older population and aged care and that this diversity is reflected in reach analysis**

One of FECCA’s funded activities was to co-host a roundtable with the NARI with a focus on research on ageing in CALD communities. The roundtable was attended by leading academics and researchers on population and ageing issues, as well as key stakeholders from the CALD sector and department officials.
3. Implementation of goals and actions

Attendees agreed on a strategic research agenda based on both the issues identified in FECCA’s *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* (see *Action Area 6.2*, below) and the views provided by people attending the roundtable.

**Action Area 6.2: Develop, in collaboration with research organisations, a program of research to inform equitable, quality, effective, inclusive and accessible aged care services to CALD communities**

The department has commenced work in this area by funding FECCA to commission the University of Adelaide to conduct the Review of Australian Research on Older People from CALD Backgrounds.

Through this project, FECCA has developed a searchable CALD research database, which enables service providers, researchers and government to easily access literature and research results across a range of aged care-related areas.

Identifying these gaps in aged care research has provided the basis for subsequent activities, including FECCA’s collaboration with NARI to ensure that future aged care research incorporates the views and experiences of CALD older people.

**Action Area 6.3: Work with the Australian Institute of Health and Welfare (AIHW) to establish the Aged Care Data Clearing House, including access to information about CALD consumers, practical resources, operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change work plans and health promotion packages. Included in this would be an active role to monitor services gaps for CALD consumers and identify priority interventions**

The National Aged Care Data Clearinghouse (NACDC) was made operational in July 2013, and is available through the AIHW website. The NACDC:

- Collects information through a number of portals and government departments
- Uses that information to produce a range of reports and bulletins which provide aged care data to policy makers, researchers, service providers, and consumers
- Publishes reports focused on:
  - Cultural and linguistic diversity (including one which details current CALD measures in aged care and how they can best be built upon).
  - Residential aged care
  - Transition care
  - Aged care pathways.

**Action Area 6.4: Work with research bodies to help ensure that the diversity of the Australian population is represented in all elements of health and medical research (see also Activity 6.2)**

FECCA’s *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* and related activities (*Action Areas 1.3, 6.1, and 6.2*) are helping to ensure that the perspectives and experiences of CALD people are included in aged care research. This is an area that the department can explore further.
3. Implementation of goals and actions

Action Area 6.5: Work with the Australian Bureau of Statistics (ABS) to:

- Develop standards for ensuring relevant data collections include appropriate representation of older CALD groups
- Ensure coding and publication of data from relevant data collections is provided for older CALD communities
- Develop and make freely available a compendium of available data sources relevant to older CALD populations, and CALD aged-specific datasets, to support the implementation of this Strategy
- Include CALD indicators within the Australian Census, Survey of Disability, Ageing and Carers (SDAC)

The ABS maintains standards for the collection of statistics on cultural and language diversity, designed to collect information considered necessary for consistent and accurate measurement of cultural diversity in Australia. It is intended that the standards be used by government, academic and private sector organisations in all relevant data collection activities, which should improve the compatibility and comparability of data derived from different sources.

In addition, the department will be holding a Diversity Data and Statistics Collection Roundtable in mid-2017 with the ABS, AIHW, and the Attorney General’s Department to discuss:

- Data to be collected from the proposed new ABS ageing survey
- Data collection and sampling methodology across the various agencies, with a focus on harmonising and linking matching metadata
- What questions should be asked
- Data collected on the My Aged Care client record
- Data to be collected on new departmental IT systems.

The ABS also participated in the FECCA/NARI roundtable (see Action Area 6.1).

Action Area 6.6: Utilise personal stories, data, advice and research obtained in collaboration with the CALD community to inform the development/improvement of responsive aged care planning and service delivery (see Goal 1)

Since 2012 the department has taken into account feedback from the CALD community in the development and implementation of:

- The Aged Care Roadmap
- My Aged Care
- The CHSP
- The STRC program
- Accommodation pricing reforms
- The Increasing Choice in Home Care reforms
- The new NACAP Framework and Guidelines
- The DACS fund
3. Implementation of goals and actions

- A national DBMAS
- A national Dementia Training Program
- An ACSC Diversity subgroup
- The draft Single Quality Framework
- ACAR
- The Quality Indicators Program
- The Care Leavers Package.

As outlined under Action Area 2.1, the Ageing and Aged Care CALD Working Group was established in 2015 to advise the department on the implementation of the CALD Strategy. It has also proved to be a valuable source of advice on broader issues such as the development of CALD resources.

Additionally, CALD representatives participate in all relevant ageing and aged care consultation mechanisms, including:
- The ACSC Diversity subgroup
- The ACSC Communications subgroup
- The My Aged Care Gateway Advisory Group
- The Commonwealth Home Support Program Advisory Group
- The Aged Care Complaints Commissioner’s Consultative Committee
- The Quality Indicators Reference Group.

CALD organisations have also been specifically sought out to contribute to a number of consultation processes, including those set up to develop frameworks for ongoing aged care reforms. CALD groups were represented in recent co-design sessions to improve access to the aged care system through the My Aged Care portal (see Action Area 3.1).

3.2. Summary

Overall, numerous achievements are evident from the implementation of the CALD Strategy between 2012 and 2017, as summarised in this chapter.

The Australian Government has substantially progressed the majority of the action areas, and the activities undertaken are characterised by a high level of consultation and collaboration between the department and aged care and CALD sectors.

The projects described suggest improved awareness, commitment from the department and relevant sectors, with a focus on capacity building of individuals, CALD community groups service providers.
4. Stakeholder perspectives: achievements
4. Stakeholder perspectives: achievements

4.1. Introduction

This chapter summarises stakeholder perspectives on the key achievements of the CALD Strategy – in particular, the ‘concrete steps’ taken towards the implementation of the CALD Strategy’s principles and goals (provided in chapter 3) over the last five years. For many of the achievements, stakeholders also pointed out challenges, limitations or made suggestions for improvement. These are covered in chapter 5.

4.2. Awareness

Awareness of the CALD Strategy was high among those responding to the consultation. A total of 76 per cent of survey respondents reported being aware of the CALD Strategy prior to receiving the survey. However, awareness was found to be lower among individual/carer respondents (57.1%) than organisational respondents (80%), as illustrated in Figure 4-1.

Figure 4-1: Awareness of the CALD Strategy
4. Stakeholder perspectives: achievements

4.3. Principles

As illustrated in Figure 4-2, more than 50 per cent of respondents reported ‘some’, ‘noticeable’ or ‘significant’ improvement against the principles since the introduction of the CALD Strategy in 2012. Ratings were broadly similar across the five principles. Stakeholder views are explained in more detail in the following sections.

Figure 4-2: Level of improvement against the CALD Strategy principles
4. Stakeholder perspectives: achievements

4.3.1. Inclusion

The rights and needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis.

The Australian Government’s commitment to developing a CALD strategy and its efforts to engage the CALD sector in the design and delivery of aged care reforms were seen as a reflection of the inclusion principle.

The CALD Strategy was generally considered to have both increased the visibility of CALD-specific issues and accelerated the implementation of the principle, ultimately leading to greater access to quality services.

Stakeholders considered that the CALD Strategy was making a contribution to improved inclusiveness for CALD communities, together with the government’s Multicultural Access and Equity Policy, which is designed to ensure that department’s programs and services meet the needs of all Australians regardless of their cultural and linguistic backgrounds. As one CALD peak body stated:

‘There is increased collaboration between the government, CALD sector and aged care services (and especially CALD specialist services) in advancing the provision of inclusive and culturally appropriate aged care services for people from CALD backgrounds. Whether through representation on key national advisory bodies, participation in various policy and service development co-design processes and/or responses to key reform proposals or submissions, the CALD and broader aged care sectors have highlighted issues relevant to CALD consumers and made specific recommendations for addressing barriers to access and participation.’

Stakeholders acknowledged that the CALD Strategy has served to promote and support CALD-inclusive practice. The CALD Strategy was also seen to increase choice for CALD consumers by providing opportunities for the CALD sector to have input into policy, system and service design, ensuring consideration of CALD-specific issues.

Stakeholders acknowledged the many ways the department has engaged with the sector, including:

- CALD sector representation on national and sector advisory groups and working parties
- Funding of CALD sector engagement
- Requests for stakeholder input into aged care policies, procedures and aged care reforms
- Facilitation of My Aged Care co-design workshops
- Facilitation of public consultation processes as part of this Review
- Acknowledgement of CALD considerations in aged care policy and program guidelines and standards
- Development and funding of specific initiatives such as dementia and palliative care initiatives
- Inclusion of the CALD Strategy as part of the broader Multicultural Access and Equity agenda.

Stakeholders considered that this support has enabled a better understanding of the diverse needs of CALD communities.
4. Stakeholder perspectives: achievements

4.3.2. Empowerment

Older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to maximise their use of the aged care system.

The shift to CDC is designed to empower consumers to have more choice and control over the care they receive either at home or in residential care. Departmental initiatives that support CALD consumers to exercise choice and control were seen as key to supporting the principle of empowerment.

Stakeholders acknowledged numerous departmental initiatives to communicate with, educate and support CALD communities, including:

- The development and dissemination of translated information about My Aged Care services and supports for CALD consumers, such as:
  - Translations of My Aged Care information and the Charter of Care Recipients’ Rights and Responsibilities (for residential and home care) into a range of languages available on the My Aged Care website
  - Translated Aged Care Complaints Commissioner fact sheets
- Access to free language and interpreting services for CHSP and HCP services
- Grants and funding for organisations to develop CALD-specific consumer education activities, resources, support and information for carers and consumers including ACSIHAG funding
- Funding of PICAC organisations to deliver education and information sessions for carers, consumers and the aged care sector
- Conferences and forums designed to address CALD related issues, including the CALDways 2016 conference examining CALD issues for people with Alzheimer’s disease, and the Ageing in Australia Expo
- Increased recruitment of CALD volunteers to support the CVS, particularly through ethno-specific organisations.

Stakeholders noted the importance of partnerships in empowering CALD communities. Examples of activities undertaken through partnerships between service providers, peak bodies and local governments to support the empowerment of CALD consumers included:

- Bilingual information sessions delivered to various community groups with the use of interpreters and language-appropriate resources
- Consumer assistance provided by a bilingual workforce trained to fully understand the system and how to access it
- Training in culturally appropriate practice
- Strengthening links between CALD consumers, CALD services and mainstream community care providers
- Local government support and assistance to CALD communities.
4. Stakeholder perspectives: achievements

4.3.3. Access and equity

All areas of aged care understand the importance of and deliver culturally and linguistically responsive care

Overall, respondents recognised a number of positive initiatives were in place to improve access and equity for CALD consumers and carers as part of the reform of the aged care system and the introduction of My Aged Care. Stakeholders acknowledged the following successes as key initiatives in ensuring CALD community access to services and equity:

- Funding of Multicultural Home Care Packages and residential care services for CALD consumers
- Funding CALD-specific programs, projects and specialist services
- Block funding for TIS National services to provide free access to interpreters for CHSP-funded services
- Funding of PICAC organisations in each state to provide training on culturally appropriate care
- Training and presentations at local forums by My Aged Care officers on providing culturally-responsive care
- Role of FECCA in market testing translated materials and information.

Stakeholders saw the provision of translators as an essential component in supporting CALD consumers to access aged care.

Overall views on the extent to which My Aged Care has improved access to services for CALD consumers varied and specific problems with My Aged Care were identified (see chapter 5 for details).

4.3.4. Quality

Care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers, and are assessed accordingly

Stakeholders acknowledged the range of workforce initiatives underway to ensure the provision of culturally appropriate care and support, as well as the development of a robust accreditation system and standards that could drive improved performance. Workforce initiatives included:

- Employment of bilingual and bicultural workers
- Funding of PICAC organisations to support predominantly mainstream agencies to develop culturally-relevant services
- Delivery of training on culturally appropriate care and support for service and care workers.

The accreditation and quality review system was also considered important, with developments including:

- Consideration of CALD-inclusive practice in the development of the Single Quality Framework
- The work of the Aged Care Quality Agency to ensure that providers demonstrate how they are addressing diversity across the aged care system.
4. Stakeholder perspectives: achievements

- Centre for Cultural Diversity in Ageing workshops for aged care quality assessors on how to assess quality-inclusive initiatives
- Evaluation and planning tools, resources and workshops for service providers on supporting cultural diversity in home and residential care
- Research roundtables conducted by FECCA and the NARI to examine gaps in research in CALD ageing and aged care.

The provision of specialist diversity and CALD-inclusive training for aged care services was also noted.

4.3.5. Capacity building

Individuals from CALD backgrounds and CALD communities have the capacity to both articulate their aging and aged care needs and be involved in the development of services and the workforce to meet these needs

CALD stakeholders valued the collaboration and partnerships developed with the department through program funding and sector engagement activities. Examples included:

- Funding of ethno-specific and multicultural organisations (such as PICAC organisations and FECCA) and Multicultural Access Project officers to inform CALD communities about the aged care reforms, provide education to consumers and services, and engage communities in advisory and co-design activities
- Grant funding for localised supports and programs for CALD communities, including ACSIHAG funding and the NACAP funding round
- An increase in the bilingual workforce in the sector through funding of CALD organisations
- Growth in the appointment of CALD development officers in large mainstream agencies, to respond directly to consumer needs
- Funding for CALD-inclusive activities and work with special needs groups, including dementia, palliative care, refugees and veterans
- Funding support for the development of specialised resources, such as Alzheimer’s Australia SA’s *Cultura* mobile app, to enable health and aged care workers to better relate to and communicate with individuals from different cultures
- Development of health literacy and consumer engagement policy and guidelines by service providers.

4.4. Goals

This section summarises stakeholder perspectives on the goals and actions of the CALD Strategy. The action areas were intended to be primarily the responsibility of the department, and progress against these is reported separately in chapter 3.

While there was some variation between individual goals, overall around half of survey respondents reported that they had seen or experienced ‘some’, ‘noticeable’ or ‘significant’ improvement against the goals since 2012, as shown in Figure 4-3.
4. Stakeholder perspectives: achievements

Stakeholders considered that the six broad goals of the CALD Strategy are still relevant. However, it was also suggested that:

‘... action areas need to be updated to reflect the current environment in ageing and aged care, which has changed significantly since the initial development and release of the CALD Strategy in 2012 and then subsequently in 2015. Major reforms such as My Aged Care have had a significant impact on the way older people from CALD backgrounds are accessing services. The transition to Consumer Directed Care as well as consumer co-contributions towards the cost of services have posed new and major challenges for CALD consumers as well as aged care services endeavouring to educate and support CALD consumers through these changes’.

Stakeholders also considered it valuable for department to measure the progress made towards the achievement of these goals and regularly report progress towards the goals and action areas.

4.4.1. Goal 1 - CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.

Many of the concrete steps towards achieving Goal 1 that stakeholders identified echoed those identified towards achieving the principles of the CALD Strategy. In their submissions, stakeholders were specifically supportive of the following:

- Department consultation and engagement processes, including policy committees and networks. Respondents also identified the need for direct engagement with CALD consumers using aged care services to obtain direct user input on the quality and effectiveness of the supports they received
4. Stakeholder perspectives: achievements

- The proactive involvement of CALD consumers, carers and the sector in the planning and co-design of CALD sector reforms, programs and services
- Funding of CALD-specific programs and interventions. This includes the need to address issues for new and emerging CALD communities and refugee communities
- Provision of local education programs and support for CALD carers, consumers and service providers
- Provision of localised supports and programs for CALD consumers and carers. Stakeholders also saw the need to provide additional support to facilitate access to individual advocacy services, to ensure CALD voices are heard and responded to, and to assist CALD consumers to navigate, register and access aged care services.

While the department’s commitment to consultation was acknowledged, consumer-focused peak bodies – and individual consumers and carers – called for greater involvement of ‘grass roots’ consumers in participatory consultative structures in the development, implementation, monitoring and evaluation of ageing and aged care programs and services.

4.4.2. Goal 2 - Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care

Exercising informed choice was considered by stakeholders to be a fundamental key action area for achieving the CALD Strategy’s goals. While recognising that more needs to be done, stakeholders acknowledged the progress achieved to date, including:

- Creation of a single point of access through My Aged Care
- Engagement with the CALD sector throughout the aged care reform process
- Improvements in the provision of translated materials for CALD consumers and carers, including the translation of My Aged Care information into a range of languages
- Access to government-funded translating and interpreting services for CHSP providers/consumers
- Provision of education to both consumers and service providers through the PICAC program
- Localised supports and programs for CALD communities through the provision of grant funding.

4.4.3. Goal 3 - Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services

Providers were of the view that more needs to done to ensure that older people from CALD backgrounds are able to have the confidence to access and use the full range of ageing and aged care services.

Stakeholders, however, acknowledged the concrete steps the department has put in place. This includes the range of steps identified under Goal 2 (Section 4.4.2), as well as:

- Funding to improve the understanding of CDC within CALD communities
4. Stakeholder perspectives: achievements

- Funding initiatives of FECCA and the PICAC organisations, including the CALD Carer’s Project, My Aged Care CALD Accessibility Project and HARN
- Expanding the CVS into ethno-specific organisations.

4.4.4. Goal 4 - Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers

In defining the concrete steps undertaken to achieve Goal 4, stakeholders focused on the work undertaken to develop a Single Quality Framework. They were keen to ensure that aged care providers are able to demonstrate tangible outcomes for CALD consumers and measures of evidence of culturally-inclusive care. It was considered that the work of the review of standards needs to clearly articulate what constitutes good practice for older people from CALD backgrounds.

CALD stakeholders were keen to participate in the monitoring and evaluation process and saw the opportunity to tighten arrangements in this area.

4.4.5. Goal 5 - Enhance the CALD sector’s capacity to provide ageing and aged care services

Through their submissions, stakeholders recognised the range of funding programs established to enhance the CALD sector’s capacity to provide ageing and aged care services. In addition to such programs of support (including FECCA and PICAC organisations), stakeholders identified other concrete actions that have contributed to Goal 5, including:

- Home Care Packages
- My Aged Care
- Government-funded translating and interpreting services
- CVS funding
- The measure in the 2017/18 budget on the development of an aged care workforce strategy.

4.4.6. Goal 6 - Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population

Stakeholders acknowledged the range of research and data collection activities that have been put in place to meet Goal 6. This includes:

- Funding to FECCA and the University of Adelaide for the Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds
- Published research studies with Royal District Nursing Service Institute
- Data analysis on My Aged Care that includes aggregated CALD data, with further plans pending to present disaggregated CALD data
- The FECCA/NARI roundtable on research and ageing in CALD communities
4. Stakeholder perspectives: achievements

- The collection and analysis of ABS data on CALD ageing
- The 2016 National Aged Care Workforce Census and Survey (NACWCS), conducted by the National Institute of Labour Studies on behalf of the Department of Health.

Stakeholders considered that research and evaluation in collaboration with the CALD sector and key research institutes are both important and require ongoing development. Stakeholders were keen to see this research continue to be driven by community needs:

‘These initiatives need to be further developed and expanded to build an evidence base from which effective equity planning for older people from CALD backgrounds can be progressed.’
5. Overall stakeholder experience and future challenges
5. Overall stakeholder experience and future challenges

5.1. Overall experience of the CALD Strategy

Through the survey and submission processes, stakeholders were asked to comment on how well-prepared and supported the aged care sector is to meet the needs of older people from CALD backgrounds and their communities. They were also asked about their overall experience of the implementation of the CALD Strategy. High-level findings are summarised in this chapter, and provide important context for the considerations highlighted in chapter 6.

*Figure 5-1* summarises respondents’ feedback on whether they thought the CALD Strategy had contributed to making aged care more accessible and inclusive to people from CALD backgrounds. Half of the respondents indicated that the CALD Strategy had only been ‘somewhat’ successful, indicating uncertainty surrounding its effectiveness. Conversely, 23.6 per cent of respondents agreed that the CALD Strategy had been effective, while 19.4 per cent felt that the CALD Strategy had not been effective. Individuals reported lower levels of perceived effectiveness compared with organisations.

*Figure 5-1: Effectiveness of the CALD Strategy*

Overall, stakeholders recognised that the department has ‘provided a solid framework for policy development and implementation benefiting CALD ageing Australians through the very existence of the CALD Strategy itself’. Key achievements associated with the CALD Strategy are highlighted in *chapter 4*; however, stakeholders generally considered that there was substantial variability across aged care service providers in the level of inclusiveness in service delivery. Larger service organisations, ethno-specific services (especially services for the more established post-World War II migrant communities) and some specialist services were seen to have developed their systems and approaches to CALD inclusiveness to a greater extent than other providers.

Stakeholders were of the view that the goal of ‘having CALD inclusive practice as standard practice in aged care services’ has not yet been achieved and that persistent barriers remain. The overwhelming view was that ‘much more needs to be done’ to embed inclusive, culturally appropriate practice across aged care services for CALD consumers.
5. Overall stakeholder experience and future challenges

5.1.1. Alignment with aged care reforms

Stakeholders acknowledged that during the life of the CALD Strategy, the sector was also undergoing major reform, with the shift to a consumer-driven, market-based system and the introduction of My Aged Care.

Most submission respondents considered that the CALD Strategy aligns – or partially aligns – with the broader aged care reform agenda, such as the Increasing Choice in Home Care reforms:

‘Increasing Choice aims to give older people more choice, control and flexibility in the way they receive services, and relatedly, the CALD Strategy openly advocates for the inclusion of older CALD people in the planning, delivery and evaluation of ageing and aged care policies, programs and services, thereby enabling their “choices” to be heard.’

It was noted, however, that increased choice is premised on the existence of informed and empowered consumers, which cannot be assumed in the current context of an aged care sector in the midst of major reform:

‘Transitioning CALD consumers to a user-pays system and assisting them to navigate the changes introduced by the Increasing Choice legislation also poses new and significant challenges.’

Those respondents who did not agree that the CALD Strategy aligns with the reforms argued that the fundamentals of choice were lacking:

‘The CALD Strategy should directly and clearly reflect the aged care reform principles. Systemic barriers faced by people from culturally and linguistically diverse backgrounds need to be removed and access and full participation of all older people needs to be stressed.’

5.1.2. Sector preparedness

Survey respondents differed in their assessment of the extent to which the aged care sector is adequately prepared to meet the needs of people from CALD backgrounds. As shown in Figure 5-2, more than 60 per cent of respondents reported that their organisation was ‘well prepared’, or ‘very well prepared’ to meet the needs of CALD people. In contrast, less than 10 per cent of respondents in the individual/carer category believed the same.
While it was recognised that, overall, there is ‘greater visibility of, and action on, improved service design and delivery for people from CALD backgrounds’, stakeholders noted considerable variability across the sector. There were pockets of particularly good practice, especially for the more established CALD communities and in ethno-specific services. Larger, better-resourced organisations were also perceived to have improved capacity to deliver inclusive services.

Stakeholders highlighted that more needs to be done to support those in rural, regional and remote areas, and for more recently arrived CALD communities. The department was perceived to have a substantial role in supporting these communities, sharing information about aged care systems, facilitating capacity building and the adoption of best practice.

CALD consumers and carer respondents recognised that the diversity of the CALD community was a challenge for service providers and some smaller services were struggling with the pace of reform. Some CALD communities were also perceived to be struggling with the changes.

Stakeholders were concerned that high demands on time for direct care staff made it more challenging to arrange and access additional resources such as interpreter services. Stakeholders were also concerned that there is minimal incentive for organisations to spend finite resources on developing specific responses for a minority cohort.

It was also suggested that more could be done to cater to the needs of carers, who were often responsible for navigating the aged care system on behalf of consumers. One respondent noted:

‘Carers are often instrumental in ensuring that the person they care for receives equitable access and may take on advocacy, support coordination and even interpreting
5. **Overall stakeholder experience and future challenges**

roles to bridge access gaps. It is important to note that not all carers have the time and capacity to provide this level of support, which may affect equity of access for care recipients.’

### 5.1.3. Sector support

Stakeholders differed in their views of the extent which they felt that the sector had been supported to deliver CALD-inclusive services.

As illustrated in Figure 5-3, more than 50 per cent of aged care and community/other organisation reported that the sector had been at least adequately supported to deliver CALD-inclusive services. In contrast, 60 per cent of peak body representatives considered the sector *not* well supported to deliver CALD-inclusive services.

**Figure 5-3: Levels of support provided to the sector to support CALD services**

![Chart showing levels of support provided to the sector to support CALD services](chart)

- **Aged Care Provider**
  - Not sure: 12
  - Not well: 57
  - Adequately: 6
  - Quite well: 17
  - Very well: 12

- **Peak Body**
  - Not sure: 1
  - Not well: 3
  - Adequately: 13
  - Quite well: 49
  - Very well: 40

- **Community and Other Organisation**
  - Not sure: 5
  - Not well: 26
  - Adequately: 17
  - Quite well: 60
  - Very well: 89

Note: The total reported (227) is higher than the number of respondents. This is due to two respondents providing more than one response.
Stakeholders identified a need for ongoing support from the department and other sectors to maintain the momentum achieved to date through the CALD Strategy, and to avoid complacency. Suggestions included:

- Increase support for CALD consumers and carers to navigate the aged care system and access services
- Support aged care services to receive training and deliver culturally-appropriate services and work practices, including smaller organisations and those in rural, regional and remote areas
- Build the culturally-competent aged care workforce and work practices
- Strengthen aged care standards, monitoring and evaluation.

Stakeholders recognised that improving support is also a shared responsibility:

‘Providing inclusive and appropriate aged care should not just be the responsibility of government but also of the private sector and communities. Collaborative and innovative partnerships between private providers, communities and the government (i.e. co-locating childcare and aged care services) should also be considered to assist in the delivery of gap-filling and inclusive services and structures that support older people, their families and carers.’

5.2. Disparities in stakeholder views

It is important to highlight that, throughout the survey, the views of stakeholders vary significantly according to the type of respondent. As noted in Figure 4-1, organisational representatives were far more likely to have been aware of the CALD Strategy prior to completing the survey (85% compared with 53%). Across the questions regarding overall experience:

- Individuals were less likely than organisations to report that the CALD Strategy had an impact on accessibility and inclusion in aged care (Figure 5-1)
- Individuals were far less likely than organisational representatives to report that the sector is prepared to meet the needs of CALD communities (Figure 5-2)
- Aged care service providers and community and other organisations were slightly more likely than peak bodies to report that the sector is well-supported to provide CALD-inclusive care (Figure 5-3).

While the reasons for these disparities are not well-understood, they represent an important finding that suggests a disconnection between the experiences of various stakeholder types, and warrants further consideration and consultation.

5.3. Future challenges and areas for improvement

While the department and stakeholders identified a number of achievements associated with implementation of the CALD Strategy, a range of ongoing challenges and areas for improvement were also identified. Many of these are broad issues that cut across the principles – and even goals – of the CALD Strategy.
5. Overall stakeholder experience and future challenges

5.3.1. Defining culture

While many of the achievements identified related to improving access to information, a theme that emerged through the submissions was the understanding that culture is much more than ethnicity and language. Recognition of the diversity amongst different CALD communities was considered important, requiring tailored approaches and understanding.

Some respondents considered that cultural appropriateness can also include dimensions such as faith, spirituality, food, filial and family duty and community. For example, one respondent noted:

‘It is important that service providers understand the role and significance of community and the collectivist nature of many CALD communities. For example, adapting to an aged care service such as a residential home that is individual-centric can be difficult and dehumanising for people of CALD backgrounds and they may experience loss of belonging, identity and purpose. This can lead to increased social isolation coupled with anxiety, depression and debilitating medical conditions … for many people of CALD backgrounds, living in aged care homes is not considered to be an option and is avoided. Most people of CALD backgrounds feel a deep connection to their homes and should be supported to stay at home … It is critical that these institutions provide culturally appropriate services for multicultural consumers to reduce feelings of isolation and enhance belonging and wellbeing. This can be supported by practical initiatives such as modifying health and safety regulations to enable the provision of culturally-appropriate meals or allow families to bring in occasional meals for their elderly.’

Another respondent noted:

‘The word “religion” or “spirituality” cannot be found in the National Screening and Assessment Form, My Aged Care Client Details, National Screening and Assessment Form Fact Sheet, or the My Aged Care Guidance for Assessors. Without assessing the spiritual or faith dimension and any care needs influenced or shaped by this dimension, certain groups of people may be inadvertently excluded, or their needs overlooked.’

Other respondents noted that there can also be myths and assumptions made about the level of community support that is available for CALD consumers:

‘CALD consumers are like any other community groups. There are consumers who are isolated from their families or who have no support. In some cases, particularly in newer communities, there is less intergenerational support. We should not assume that just because a person is from a CALD community that they have support.’

5.3.2. ‘Diversity within diversity’ and changing populations

Stakeholders noted that there is considerable ‘diversity within diversity’ that means defining and providing for the needs of CALD groups can be challenging. Particular issues identified included:

- Recognising the significant heterogeneity of the CALD ‘group’
- Acknowledging that the CALD population intersects with other special needs groups, e.g. those with dementia, disabilities and the LGBTI community, and specialised approaches are required to cater for individuality
5. Overall stakeholder experience and future challenges

- Recognising that there is a broader cultural context in catering for the needs of CALD populations; language and ethnicity are not the only considerations. This includes other aspects such as historical conflict issues, food or spirituality. These factors can impact CALD consumer cultural beliefs and expectations.

- Demographics within CALD populations are changing, and while some progress has been made in supporting longer-standing communities, emerging populations are considered less well supported.

Stakeholders were particularly concerned that there were key communities who were ‘missing out’, and where there were greater barriers to access and inclusion. Communities at risk that were repeatedly noted by stakeholders included:

- Regional, rural and remote CALD communities
- Smaller CALD communities, who lack advocacy support services or who rely on small, volunteer support services to broker access to services
- Recently-arrived migrant and refugee communities. These communities were identified as facing multiple barriers, including the lack of advocacy support services, cultural suspicion of government programs, experience of discrimination, and a community expectation that ‘families and communities need to take care of their own elders’ resulting in reluctance to access aged care services (particularly residential care)
- In-home care was also noted as more challenging given the isolated nature of in-home care and the reliance on the capability of the direct care workers, who may not have received any specialist training.

5.3.3. Access issues

Stakeholders noted that, in some cases, the reform environment made it more difficult for goals and principles to be achieved.

**My Aged Care**

While it is recognised that My Aged Care is a relatively new and evolving platform, perceived barriers created by the centralised access system were sometimes seen to compromise access and/or hinder choice for CALD aged care consumers. Stakeholders noted that accessing and navigating My Aged Care was difficult for CALD consumers with poor English proficiency, or those who speak languages other than those provided for on the website. Specific comments included:

- Insufficient information is available to CALD consumers to help them understand complicated aged care arrangements such as means testing or accessing hardship provisions.
- Options other than pamphlets or translated website information is needed to reach this cohort of more vulnerable older people
- Care is needed to avoid industry or provider jargon, which can also exacerbate confusion.

One stakeholder commented that My Aged Care has significantly diverged from the model proposed by the Productivity Commission in the *Caring for Older Australians* report (2011), which advocated developing regional hubs to provide information and support to carers and consumers to assist them to access the aged care system.
5. **Overall stakeholder experience and future challenges**

A perceived lack of support during the intake process to My Aged Care was also seen to be a key barrier to access and choice. Some respondents commented that intake and referral processes can often be lengthy and complicated, and suggested that My Aged Care call centre staff and ACAT²/RAS assessors need more training on the cultural needs and family dynamics of CALD consumers in order to avoid frustrations on both sides.

Several stakeholders suggested that CALD consumers need a facilitated referral, often from a bilingual CALD agency worker, to access aged care services through My Aged Care, but noted that CALD agencies are no longer funded to provide this type of assistance.

Funding for a system of bilingual My Aged Care ‘system navigators’ that can aid and support CALD consumers and carers to access, register and navigate aged care services was suggested.

Other suggestions included:

- Development of a more streamlined approached across ACATs, RASs and My Aged Care
- Improving navigability of the website for CALD groups
- Developing plain language and translated resources
- Providing extra funding for consumers with additional complex language and cultural needs
- Funding advocacy and support for CALD older people to ensure CALD peoples’ voices are heard and their needs are addressed.

**Interpreter Services**

Respondents valued the provision of free interpreter services. The lack of access to interpreters and the wide confusion in relation to what interpreter services are available, and for who, was evident through the consultations. Some respondents did not consider it appropriate for CALD consumers to be charged fees for assistance received from a bilingual worker or face-to-face interpreter, while other respondents reported that the extent and availability of translation services provided by TIS National was not fully understood.

Several stakeholders highlighted the inequity of including translation/interpreting costs related to regular, ongoing care delivery as a cost of funded packages, noting the impact that a lack of interpreter services can have on the health of the consumer. It was suggested that access to interpreter services is fundamental to ensuring access and equity and the recommendation was made to expand provision for consumers, carers, assessors and providers.

5.3.4. **Information and education**

Informed choice was recognised as key to improving access to services for CALD consumers. Conversely, stakeholders considered that without informed choice, access to aged care is very difficult, and without access, reaching the goals of the CALD Strategy and consumer-directed care is impossible.

Stakeholders noted that many CALD consumers may not speak English well (or at all) or may be unable to read or write English. In addition, many older CALD consumers are not computer literate.

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² ACAS in Victoria
5. Overall stakeholder experience and future challenges

Stakeholders made a range of recommendations that centre on expanding the availability of information in other languages and taking a multi-pronged approach. These included:

- Delivering culturally and linguistically appropriate information to support greater understanding of the aged care system and processes
- Supporting the translation of key documents such as My Aged Care information, service agreements or funding contracts into multiple languages and dialects
- Making information available through multiple media channels such as community radio and community press
- Making printed copies of translated key documents available to CALD specialist services to provide to consumers
- Ensuring all information is tested with CALD communities and provided in simple words with minimal jargon
- Expanding support for CALD community volunteers through the CVS.

5.3.5. Acknowledgment and support of carers

Another key area for improvement in supporting the principle of empowerment included the need for greater support to assist carers to navigate the aged care system, with stakeholders noting that this burden frequently falls on the carer, on behalf of the CALD aged care consumer.

5.3.6. Workforce

To improve CALD-inclusive practice in aged care, stakeholders identified the need for continued support of the aged care workforce. A common theme from the consultations was the recommendation of mandatory cultural competency and inclusiveness training for all staff including direct care staff, My Aged Care call centre staff and assessors. Other support mechanisms might include:

- Continuing to grow and support diversity in the aged care workforce, including the employment of bilingual and bicultural workers and volunteers
- Regularly repeating CALD-inclusive training for care workers, and making such training mandatory
- Addressing the challenges of providing support and training for direct care staff who work as shift workers or do not have fixed work hours
- Examining ways to address the training and retention of direct care staff and volunteers to improve CALD-inclusive practice.

5.3.7. Standards and accreditation

Many stakeholders felt that more could be done to improve the following aspects of accreditation and quality review:

- Strengthening aged care quality processes to provide greater guidance on:
  - What is expected of providers in delivering inclusive and culturally-appropriate services?
  - Indicators and measures of good practice
5. Overall stakeholder experience and future challenges

- Providing clarity on the perspective from which quality is measured (i.e. consumers’ or service providers’ perspectives)
- Improving the availability of CALD-related data, including consumer and carer feedback, as a standard part of the quality improvement system
- Conducting more research and implementing evidence-based quality improvements to lift the standard of service design and delivery
- Including incentives for providers such as quality practice awards for those that excel.

5.3.8. Collaboration between sectors

Stakeholders suggested that there should be greater departmental collaboration with CALD communities to assist CALD consumers and carers to access information and gain confidence to maximise the use of the aged care system.

They also highlighted the amount of (currently unfunded) work being undertaken within the sector to forge the relationships required to improve CALD-inclusive practice across the sector (see section 5.3.10).

5.3.9. Research, data and monitoring

An important theme that emerged through the consultations focused on a need for a stronger evidence base from which to measure the outcomes of the CALD Strategy. The need for high quality disaggregated data on both CALD population demographics as well as aged care service provision was repeatedly highlighted as necessary to support service planning and to assist in ongoing monitoring, evaluation and quality improvement.

Stakeholders recommended shifting from a focus on reporting sector activity to reporting outcomes.

5.3.10. Resourcing/funding

A number of stakeholders highlighted the need to maintain the momentum of recent years to continue to meet the needs of the ageing CALD population. A number of stakeholders spoke of the need to fully resource policies such as the CALD Strategy to enable its effective implementation.

CALD sector consumer, carer and service provider peak organisations reported investing considerable and unfunded time in providing information and assisting carers and consumers to access and register for My Aged Care and to navigate the system. Stakeholders recognised that there was a need to formally recognise and support the role played by CALD services and bilingual workers in aiding consumers. In addition, while the high level of stakeholder consultation surrounding the development and implementation of the CALD Strategy was seen as positive, it was noted that this itself placed a resourcing burden on (particularly smaller or less-well resourced) organisations.

Specific funding/resourcing suggestions included:

- Continuation of funding for capacity building and grant programs
- Greater support of research, data collection and outcomes measures to identify health and wellbeing outcomes for CALD people using ageing and aged care services.
6. The Aged Care Diversity Framework

6.
The Aged Care Diversity Framework

The Diversity Framework will focus on acknowledging individuals’ diverse characteristics and lived experiences. It will address inclusive practice amongst a range of special needs groups. The actions to be taken under the umbrella of the Diversity Framework will be relevant to government, aged care providers, peak organisations, health professionals, consumers, their families and carers. The Diversity Framework is intended to assist providers and enhance the sector’s capacity to better address the diverse characteristics and life experiences of older people, thereby ensuring inclusive aged services.

While the Diversity Framework is the subject of a separate consultation process, the consultation tools (survey and submission template) for the review of the CALD Strategy asked stakeholders what themes or issues should be addressed in the Diversity Framework, and what specific issues should be included in the CALD action plan.

Unsurprisingly, comments provided here (through survey responses, submissions and focus groups) echoed the themes summarised in chapters 4 and 5, and these themes are clearly relevant to the Diversity Framework and CALD action plan. This chapter, therefore, summarises stakeholder views more specifically relating to the development and implementation of the Diversity Framework and CALD action plan, and provides some key considerations for the further development of those policies, based on all areas of stakeholder consultation.

6.1. Consultation findings

6.1.1. Visibility of CALD priorities

Stakeholders were keen to ensure that CALD-specific issues were not lost in creating the Diversity Framework:

‘What is important and has already been identified by concerned stakeholders is that issues and action planning pertaining to each “special needs group” are not diluted or diminished in any way as a result of the more collective focus of the Diversity Framework. The manner in which decisions are actioned or implemented for each group is therefore important and should do justice to the extensive body of work which has preceded...’

For some stakeholders, the reference to ‘special needs’ in the Act provides the imperative to focus attention and investment on issues of CALD access and equity and this was valued. However, there was an alternate view proposed that, within the context of aged care, ‘special needs’ was not a term that necessarily applied to a group that is predicted to make up more than 30 per cent of the population by 2021. Some stakeholders argued that within the context of Consumer Directed Care, CALD inclusiveness should be considered standard practice across the aged care system: ‘They are not different needs, they are just needs’.

6.1.2. Identified themes and issues

The principles of the CALD Strategy were seen to interface well with the imperatives of the Diversity Framework, as both seek to support and embed informed choice. However, some stakeholders felt there was a need to define ‘diversity’ and ‘inclusion’ and articulate the diversity and overlap within and between special needs groups.
6. The Aged Care Diversity Framework

In developing the Diversity Framework, stakeholders have suggested that the following be considered for inclusion:

- A set of realistic and achievable principles underpinning the Diversity Framework
- A focus on access, equity and empowerment
- A conceptual model for consumers and the use of consumer narratives
- A greater focus on wellbeing strategies, restorative care, rehabilitation and choice within a cultural context
- Workforce diversity
- Diversity planning and reporting processes
- Outcome statements, priority actions and key performance indicators
- Research on access and equity, including the development of projections for future service planning and delivery
- Quality accreditation processes.

Structurally, the need for consistency across departmental policies and initiatives, as well as links and cross-references between the Diversity Framework and the Single Quality Framework was highlighted.

Implementation

Stakeholders recommended that the Diversity Framework be supported by a comprehensive communications and promotion strategy, delivered in partnership with CALD communities. The need for funding support was also stressed:

‘It is imperative that adequate resources are attached to the new Diversity Framework to ensure its effective implementation.’

6.2. Considerations for development

Broadly, stakeholders suggested that the Diversity Framework should:

- Support ongoing culture change within the sector to further improve the inclusiveness and appropriateness of aged care services for CALD consumers
- Recognise the ‘diversity within diversity’ among CALD aged care consumers and support those most vulnerable/disadvantaged (e.g. rural and remote CALD individuals and other intersecting special needs groups) and for whom recent gains have been less evident (e.g. emerging CALD populations)
- Facilitate access to the system in a way that is inclusive and appropriate, and address the current barriers to information, access and disclosure of CALD status presented by the My Aged Care system, ACATs and RASs
- Acknowledge and support the role of carers
- Highlight the importance of an appropriately diverse and adequately trained workforce
- Support self-advocacy
- Facilitate relevant research to inform best practice.
6. The Aged Care Diversity Framework

Stakeholders considered that the CALD action plan associated with the Diversity Framework should be an operational plan that leads the implementation of the principles and goals in the Diversity Framework, including details of how this plan is to be funded and resourced. This operational plan should be supported by monitoring and evaluation processes with measurable indicators that are regularly reported against.
Appendix A.  Working Group details

A.1.  CALD Ageing and Aged Care Strategy Working Group

Terms of Reference

1.  Role and Function

The CALD Working Group will advise and guide the Department of Health on the implementation of specific goals and actions and the setting of future priority actions within the National Ageing and Aged Care Strategy for People from CALD Backgrounds (the CALD Strategy). The CALD Working Group will establish a platform for members to openly discuss key issues and concerns within the sector, and provide an opportunity to showcase good news stories of achievements to date.

2.  Deliverables

The CALD Working Group is expected to:

- Provide ongoing advice to the Department on how to encourage and promote appropriate care for people from CALD backgrounds and ensure its inclusion in the core business of all aged care services;
- Provide advice and guidance to the Department on priority areas to support implementation of the CALD Strategy;
- Provide information relevant to implementation of the CALD Strategy for noting or referral to the Aged Care Sector Committee;
- Identify activities or measures that will increase access by people from CALD backgrounds to aged care services, and achieve specific goals and actions within the CALD Strategy; and
- Collaborate with the Department in the preparation of a final report to the Minister on the implementation of the CALD Strategy.

3.  Membership

The CALD Working Group membership will represent a cross section of views and perspectives from across the aged care sector. This will include organisations with representation on the Aged Care Sector Committee (ACSC), as well as Departmental staff from relevant areas.

Having representation from both the ACSC and Government will ensure that the outcomes and recommendations of the CALD Working Group are considered as part of the ongoing development of the aged care sector by the Government.

The Working Group will be chaired by a Departmental representative. Additional guests may be invited to attend meetings for specific discussions, as required.

4.  Voting and Quorum

As the CALD Working Group is advisory only, with no decision making powers, no formal voting rules or quorum are required. Recommendations will be made following general consensus. If an agenda item requires specific members to be involved in discussions, the Chair may defer items to future meetings if those individuals are not available.
Appendix A. Working Group details

5. Timeframes

The CALD Working Group will be required to meet on a bi-annual basis, in April and August. Unless otherwise stipulated, meetings will be held from 10am to 4pm.

6. Attendance

Members will be expected to attend all CALD Working Group meetings and be available for any teleconferences that may be required. In the event a member is unavailable for a meeting, a proxy representative from the organisation will be able to participate on their behalf (following prior approval by the Department).

If members are to be accompanied by additional organisational staff, prior approval will need to be sought from the Department. Non-members will only be able to participate as observers.

7. Financial Support

Members will not be remunerated for their participation in the CALD Working Group. However, the Department will cover the travel costs for the member (or their proxy) to attend each meeting. This will include flights, accommodation (where required) and reimbursement of taxi fares. If a proxy is attending, these same conditions will apply. Travel costs will not be paid for any additional organisation staff approved to attend the meeting.

8. Secretariat

The CALD Working Group secretariat for meetings will be provided by the Department and will include:

- Preparation and distribution of meeting agendas and related papers, preferably at least two business days ahead of the scheduled meeting;
- Coordination of travel arrangements for all members; and
- Recording of minutes and actions items, and circulating to members post-meeting.

The CALD Working Group secretariat can be contacted via ageing.and.diversity@health.gov.au
## Appendix A. Working Group details

### A.2. Working Group members

Table A-1: Departmental Working Group for the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Ms Catherine Rule</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Tina Karanastasis</td>
<td>Federation of Ethnic Communities Council of Australia (FECCA)</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Ada Cheng</td>
<td>Australian Nursing Home Foundation (ANHF)</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Rosa Colanero</td>
<td>Multicultural Aged Care SA</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Penni Michael</td>
<td>MiCare</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Dagmar Parsons</td>
<td>National Seniors Australia (NSA)</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Sue Elderton</td>
<td>Carers Australia</td>
</tr>
<tr>
<td>Member</td>
<td>Ms Jacki Attridge</td>
<td>Uniting Care</td>
</tr>
</tbody>
</table>
Appendix B. Participating organisations

A.3. Organisations that provided consultation submissions

- Advocare Incorporated
- Ageing & Community Services Australia (ACSA)
- Alzheimer’s Australia
- Carers NSW
- Centre for Cultural Diversity in Ageing
- City of Salisbury
- COTA Australia
- Deaf Can:Do
- Diversicare
- Ethnic Communities Council of NSW
- Federation of Ethnic Communities’ Council of Australia
- Fortis Partners in Culturally Appropriate Care (PICAC) WA
- Illawarra Forum
- Initiatives for Women in Need
- Multicultural Communities Council Illawarra
- Multicultural Communities Council of SA
- PICAC Alliance
- Queensland Nurses & Midwives Union
- RSL Care RDNS Limited
- St George and Sutherland Shire
- True Relationships and Reproductive Health
- Uniting (ACT and NSW)
- UnitingCare Australia
- UnitingCare Wesley Port Adelaide, Ethnic Link Services
- Volunteering Tasmania

In addition, nine anonymous organisations and two individuals submitted responses.
Appendix B. Participating organisations

A.4. Organisations that participated in focus groups

- ACSA
- Alzheimer’s Australia
- Australian Nursing Home Foundation (ANHF)
- Centre for Cultural Diversity
- COTA Australia
- Diversicare
- Elder Rights Advocacy
- Federation of Ethnic Communities Council of Australia (FECCA)
- Fortis Consulting
- MiCare
- Multicultural Communities Council of Illawarra
- Queensland Aged and Disability Advocacy Inc
- Seniors Rights Service
- Uniting Care.
Appendix C. Detailed survey analysis
Appendix C. Detailed survey analysis

A.5. Introduction

This appendix provides additional material related to the CALD Strategy review. The findings presented here are based on a combination of quantitative and qualitative data derived from the CALD Strategy review survey conducted by the Department, which closed on 28 April 2017. These findings are collated and discussed under the following key areas:

- Profile of respondents
- Awareness of the CALD Strategy
- Preparedness of the aged care sector
- Strategy principles
- Strategy goals
- Overall contribution of the CALD Strategy
- Aged Care Diversity Framework.

A.6. Profile of respondents

The survey was completed by 288 respondents. As shown in Table C-1, 225 respondents (78.1%) identified as a representative of an organisation with the remaining 63 respondents (21.9%) identifying as an individual or carer.

Of the 225 organisation respondents, the majority (52.8%) identified themselves as aged care providers. Of the 63 individual respondents, 25 classified themselves as ‘other’, with responses including ‘regional assessor for My Aged Care’, ‘ex-carer’ and ‘management staff’.

Table C-1: Types of organisations and individuals

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Sub-category of respondent</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative of an organisation</td>
<td>Aged care provider</td>
<td>152</td>
<td>52.8%</td>
</tr>
<tr>
<td>225 (78.1%)</td>
<td>Community organisation</td>
<td>48</td>
<td>16.7%</td>
</tr>
<tr>
<td></td>
<td>Other organisation</td>
<td>15</td>
<td>5.2%</td>
</tr>
<tr>
<td></td>
<td>Peak body</td>
<td>10</td>
<td>3.5%</td>
</tr>
<tr>
<td>Individual</td>
<td>Other individual</td>
<td>25</td>
<td>8.7%</td>
</tr>
<tr>
<td>63 (21.9%)</td>
<td>A family member, friend or carer of someone using aged care</td>
<td>36</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>A consumer of aged care</td>
<td>2</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>288</td>
<td>100%</td>
</tr>
</tbody>
</table>
Appendix C. Detailed survey analysis

Aged care providers

As shown in Figure C-1, aged care providers reported delivering Commonwealth Home Support (65.1%), home care packages (50.0%), residential aged care (44.7%), and respite care (44.1%), while 17.1 per cent indicated they delivered other types of care not captured by the survey.

Figure C-1: Distribution of aged care provider types of care

Other aged care provider findings include:

- 70.8 per cent indicated that they were not-for-profit organisations, with the remainder identifying as either for-profit (9.1%), Australian Government-funded (18.2%), or other (1.9%)
- 38.2 per cent (58 of 152) identified as primarily providing care for specific CALD communities
- Of the 94 organisations that indicated they were not CALD-specific, 79 (84.0%) reported that they had measures in place to meet the needs of people from CALD backgrounds.

Peak bodies

As shown in Figure C-2, peak bodies primarily identified themselves as representing consumers of aged care (50%).

Figure C-2: Groups represented by peak bodies

Other peak body findings include:

- 50.0% indicated they were for consumers of aged care
- 30.0% indicated they were for providers of aged care
- 20.0% indicated they were for CALD organisations
- 20.0% indicated they were for other organisations
Appendix C. Detailed survey analysis

Community and other organisation types

As shown in Figure C-3, community and other organisations indicated that the groups primarily represented by their organisation were members of the CALD community and general consumers of aged care (58.7% and 54.0% respectively).

Figure C-3: Groups represented by community and other organisations

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the CALD community</td>
<td>58.7%</td>
</tr>
<tr>
<td>General consumers of aged care</td>
<td>54.0%</td>
</tr>
<tr>
<td>Members of another Special Needs group</td>
<td>28.6%</td>
</tr>
<tr>
<td>Other</td>
<td>20.6%</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander people</td>
<td>17.5%</td>
</tr>
<tr>
<td>Primary or allied health care</td>
<td>15.9%</td>
</tr>
<tr>
<td>Members of the LGBTI community</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Note: Multiple responses were permitted for this question.

Individuals

Individuals were asked to specify the type of care used by them, the person they provide care to, or their friend/family member receiving aged care, with multiple answers allowed. As shown in Figure C-4, residential care was the most commonly reported type of care (57.1%).

Figure C-4: Types of individual care

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>57.1%</td>
</tr>
<tr>
<td>Home care package</td>
<td>28.6%</td>
</tr>
<tr>
<td>Commonwealth Home Support</td>
<td>20.6%</td>
</tr>
<tr>
<td>Other</td>
<td>19.0%</td>
</tr>
<tr>
<td>Respite</td>
<td>7.9%</td>
</tr>
</tbody>
</table>
Appendix C. Detailed survey analysis

Respondents were asked to indicate if they (or the person they provide care for) identified with any special needs group(s) other than CALD. As shown in Figure C-5, people who are financially or socially disadvantaged was the largest special needs group (23 respondents). This was followed by people living in rural or remote areas (14 respondents) and veterans (12 respondents).

**Figure C-5: Number of respondents by reported special needs group**

<table>
<thead>
<tr>
<th>Special Needs Group</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>28</td>
</tr>
<tr>
<td>Financially or socially disadvantaged</td>
<td>23</td>
</tr>
<tr>
<td>Living in rural or remote areas</td>
<td>14</td>
</tr>
<tr>
<td>Veterans</td>
<td>12</td>
</tr>
<tr>
<td>Lesbian, gay, bisexual, transgender, or intersex (LGBTI) communities</td>
<td>11</td>
</tr>
<tr>
<td>Homeless or at risk of becoming homeless</td>
<td>6</td>
</tr>
<tr>
<td>Care leavers</td>
<td>3</td>
</tr>
<tr>
<td>Aboriginal and/or Torres Strait Island communities</td>
<td>3</td>
</tr>
<tr>
<td>Parents separated from their children by forced adoption or removal</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note: Multiple responses were permitted for this question.*

Other findings based on 63 individual responses are provided below:

- 41 (65.1%) indicated that they, the person they provide care for, or their family member or friend identified as having a CALD background
- 41 (65.1%) indicated that English was their preferred language
- 44 (69.8%) indicated that they were within the 46-65-year age range.
Appendix C. Detailed survey analysis

A.7. Awareness of the CALD Strategy

As shown in Figure C-6, 219 survey respondents (76%) reported being aware of the existence of the CALD Strategy prior to the survey. However, awareness was found to be lower among individual/carer respondents (57.1%) than organisational respondents (80%).

Figure C-6: Awareness of the CALD Strategy
Appendix C.  Detailed survey analysis

A.8.  Preparedness of the aged care sector

Differences between organisational respondents and individuals/carers were also apparent in perceptions regarding the aged care sector’s preparedness to meet the needs people with CALD backgrounds. As shown in Figure C-7, more than 60 per cent of respondents reported that their organisation was ‘well prepared’, or ‘very well prepared’ to meet the needs of CALD people. In contrast, less than 10 per cent of respondents in the individual/carer category believed the same.

Figure C-7: Preparedness of CALD sector

<table>
<thead>
<tr>
<th></th>
<th>Organisation</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well prepared</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>Well prepared</td>
<td>94</td>
<td>35</td>
</tr>
<tr>
<td>Somewhat prepared</td>
<td>70</td>
<td>18</td>
</tr>
<tr>
<td>Not at all prepared</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Organisations and CALD service provision

Out of the 225 organisational respondents, 209 (92.9%) indicated that their organisation currently provides inclusive services for people with CALD backgrounds. Of these 209:

- 55% indicated they had policies on non-discrimination, cultural diversity and conflict resolution
- 37% had staff and management undertaking diversity-focused training.

Level of support provided to the sector to deliver CALD-inclusive services

As illustrated in Figure C-8, more than 50 per cent of aged care providers and community/other organisations reported that the sector had been at least adequately supported to deliver CALD inclusive services. In contrast, 60 per cent of peak body representatives considered the sector not well supported to deliver CALD inclusive services.
Appendix C. Detailed survey analysis

Figure C-8: Distribution of perceived level of support for sector to deliver CALD services

Note: The total reported (227) is higher than the number of respondents. This is due to two respondents providing more than one response.
Appendix C. Detailed survey analysis

A.9. Strategy principles

Table C-2 shows reported levels of perceived improvement against the CALD Strategy’s principles in regard to aged care services for CALD people in Australia.

<table>
<thead>
<tr>
<th>Principles</th>
<th>Don’t Know</th>
<th>None</th>
<th>Slight</th>
<th>Some</th>
<th>Noticeable</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Inclusion</td>
<td>32</td>
<td>11.1%</td>
<td>26</td>
<td>9.0%</td>
<td>49</td>
<td>17.0%</td>
</tr>
<tr>
<td>Empowerment</td>
<td>33</td>
<td>11.5%</td>
<td>32</td>
<td>11.1%</td>
<td>66</td>
<td>22.9%</td>
</tr>
<tr>
<td>Access and Equality</td>
<td>32</td>
<td>11.1%</td>
<td>32</td>
<td>11.1%</td>
<td>58</td>
<td>20.1%</td>
</tr>
<tr>
<td>Quality</td>
<td>34</td>
<td>11.8%</td>
<td>28</td>
<td>9.7%</td>
<td>46</td>
<td>16.0%</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>33</td>
<td>11.4%</td>
<td>36</td>
<td>12.5%</td>
<td>65</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

As illustrated in Figure C-9, more than 50 per cent of respondents reported (‘some’, ‘noticeable’ or ‘significant’) improvement in relation to the principles since 2012, with fairly consistent responses across the principles. 94.4 per cent of respondents indicated that they felt that the CALD Strategy’s principles should continue in other aged care reforms.

Figure C-9: Level of improvement against the CALD Strategy’s principles
Appendix C. Detailed survey analysis

Qualitative analysis of respondents’ responses in relation to the principles revealed achievements and challenges as follows.

Key achievements in relation to the principles:

• Increased funding for CALD services is now available
• Better communication aids are available
• Increased access to Translating and Interpreting Services (TIS National)
• Better avenues for workforce development and expansion
• Improved access to trained staff
• Increased training opportunities for staff
• Increased employment of staff from CALD backgrounds
• Increased uptake of My Aged Care and other services among older people of CALD backgrounds
• Proliferation of diversity plans and policies among service providers.

Key challenges in relation to the principles:

• Lack of coordination between service providers with unclear referral pathways
• Perception that diversity plans are meaningless and ‘a chore for agencies to complete’
• Providing care for CALD people with dementia is a significant challenge
• Lack of consistent information regarding services, eligibility and provider choice
• Older people from CALD backgrounds struggle to use the My Aged Care system with limited promotion of My Aged Care among CALD communities
• Lack of support in recruiting CALD workers, with an acute lack of multi-lingual, trained staff. Lack of culturally appropriate facilities in rural and remote regions.

Respondents suggested the following changes to the principles for the Diversity Framework:

• Recognise ‘diversity within diversity’
• Promote person-centred care
• Services and the department should focus on implementation and accountability instead of policies and checkboxes
• Transparent funding processes are required
• Improve engagement with communities and families to better understand their views and need to provide appropriate care.
Appendix C. Detailed survey analysis

A.10. Strategy goals

Table C-3 shows respondents’ perceptions of improvement against the CALD Strategy’s goals in regard to aged care services for CALD people in Australia.

Table C-3: Strategy goals level of improvement

<table>
<thead>
<tr>
<th>Goals</th>
<th>Don’t Know</th>
<th>None</th>
<th>Slight</th>
<th>Some</th>
<th>Noticeable</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Goal 1</td>
<td>48</td>
<td>16.7%</td>
<td>35</td>
<td>12.2%</td>
<td>47</td>
<td>16.3%</td>
</tr>
<tr>
<td>Goal 2</td>
<td>40</td>
<td>13.9%</td>
<td>47</td>
<td>16.3%</td>
<td>68</td>
<td>23.6%</td>
</tr>
<tr>
<td>Goal 3</td>
<td>41</td>
<td>14.2%</td>
<td>56</td>
<td>19.4%</td>
<td>68</td>
<td>23.6%</td>
</tr>
<tr>
<td>Goal 4</td>
<td>45</td>
<td>15.6%</td>
<td>37</td>
<td>12.8%</td>
<td>68</td>
<td>23.6%</td>
</tr>
<tr>
<td>Goal 5</td>
<td>49</td>
<td>17.0%</td>
<td>44</td>
<td>15.3%</td>
<td>55</td>
<td>19.1%</td>
</tr>
<tr>
<td>Goal 6</td>
<td>55</td>
<td>19.1%</td>
<td>40</td>
<td>13.9%</td>
<td>63</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

As illustrated in Figure C-10, approximately 50 per cent of respondents reported satisfactory (‘some’, ‘noticeable’ or ‘significant’) improvement in relation to the goals since 2012, with fairly consistent responses across the principles. 92 per cent of respondents indicated that the CALD Strategy’s goals should continue in other aged care reforms, such as the Diversity Framework.

Figure C-10: Proportional level of improvement of CALD Strategy goals
Appendix C. Detailed survey analysis

Qualitative analysis of respondents’ reasons for the level of perceived improvement in relation to the CALD Strategy’s goals revealed achievements and challenges as follows.

Achievements included:

- CALD input has been elicited extensively
- Positive changes in confidence have been observed overall
- Increased funding is available to the CALD sector for service provision.

Comments in relation to challenges included:

- Policies have been drafted, but implementation is piecemeal
- Need for greater accountability and transparency to stakeholders
- My Aged Care was cited multiple times as an example of the system’s lack of responsiveness to CALD needs, as well as a barrier to access. A case-management approach was suggested to increase access and boost confidence
- Targeted promotion that is culturally appropriate and accessible was suggested as a means of increasing uptake of services. Culturally appropriate involvement from families and carers in decision making was also considered important
- Potential animosity between CALD groups was reported to compound the difficulty in providing culturally safe and acceptable care
- Limited English skills were reported to act as a barrier to accessing appropriate care
- Diet and cultural practices were considered a major concern for service providers, especially in rural and remote areas
- Privacy concerns may limit the extent to which advocacy services can support CALD consumers
- Translation services should not be considered a substitute for cultural awareness
- A need to disaggregate the ‘CALD sector’ due to diversity within that category.

Respondents suggested the following possible changes to the goals for the Diversity Framework:

- Recognise ‘diversity within diversity’
- Promote person-centred care
- Promote a case-management approach to increase access and boost confidence
- Transparent funding processes, with additional funding support for CALD organisations to survive in a competitive environment
- Ensure regular evaluations and dissemination of findings to ensure compliance and accountability.
Appendix C. Detailed survey analysis

A.11. Overall contribution of the CALD Strategy

*Figure C-11* summarises respondents’ feedback on whether they thought the CALD Strategy had contributed to making aged care more accessible and inclusive to people from CALD backgrounds. Half of respondents indicated that the CALD Strategy had only been ‘somewhat’ successful, indicating uncertainty about its effectiveness, with 23.6 per cent agreeing that the CALD Strategy had been effective and 19.4 per cent answering that they felt that the CALD Strategy had not been effective. Individuals reported lower levels of effectiveness compared with organisations.

*Figure C-11: Effectiveness of the CALD Strategy*

As demonstrated in *Figure C-12*, respondents who indicated they were unaware of the CALD Strategy were found to be less convinced of its effectiveness.

*Figure C-12: Effectiveness of the CALD Strategy relative to respondent awareness*
Appendix C. Detailed survey analysis

Respondents made suggestions about what the Diversity Framework could include (40% response rate) and the specific actions that could be taken (30% response rate) as follows.

Support CALD-specific providers

- Funding support to CALD specific providers
- Measures to protect smaller providers from future market pressures
- Ensure adequate funding for community advocacy organisations
- Provide multilingual call centres and paper options for documentation and enrolment.

CALD customer-centred support

- Support older people to continue their lifelong religious and cultural practices
- Provide appropriate language support
- Improve access to interpreters and encourage use by service providers
- Focus on at-home or community care by a matched CALD worker wherever possible
- Funding and support for culturally appropriate food in a manner that is respectful of the individual's choices.

System-wide recommendations

- Streamline referral and access pathways
- Utilise case-workers to ensure older people from CALD backgrounds can access My Aged Care
- Improve resourcing for regional sector development workers
- Improve interagency collaboration.

Outreach and promotion activities

- Greater access to translated and audio-visual promotional material that is culturally specific and appropriate
- Increased consumer engagement, feedback and consultation
- Regular information sessions especially in rural and remote areas facilitated by CALD community organisations.

Staffing recommendations

- Increased access to training for staff
- Initiatives for training and recruitment of appropriately skilled and trained staff
- Increased access to well-trained staff from CALD backgrounds
- Improve regulation of training for the aged care sector.

Other suggestions

- Focus on implementation, transparency and accountability
Appendix C. Detailed survey analysis

- Specific measurable activities to enhance the capacity of CALD consumers
- Secure funding for digital inclusion initiatives for enabling older people to access online systems
- Choice and control, exercised through individual capacity and knowledge
- Address the inherent lack of trust regarding official bodies among certain vulnerable groups
- Need for consistency and continuity of efforts to improve CALD-inclusive care.
Appendix D. Cited references

A.12. Cited references


Commonwealth of Australia Department of Social Services 2015, National ageing and aged care strategy for people from culturally and linguistically diverse (CALD) backgrounds, Canberra.


Supporting older people from culturally and linguistically diverse backgrounds 2013, The Benevolent Society, Paddington, NSW.

